## **2004 FOR PROFIT CORPORATION**

## FILED Apr 21, 2004 8:00 am Secretary of State

Signature   Sign	1. Entity Nar	ne	# P9800006 INT CORP.	65000 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 - 1500 -					4 90012 02	.0 13	0.00
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   O4152004   Chg-P   CR2E034 (10/03)	101 PONCE DE LEON BLVD.			NORTHDALE EXECUTIVE CENTER 1				en e		0	
City & State  Country	2. Principal I	Place of Busin	ess	3. Mailing Address		<del></del>					
Zip Country Zip Country 59-3524678   Non App \$8.75 Additions 6: Name and Address of Current Registered Agent 7. Meme and Address of Now Registered Agent 7. Meme Address of Now Regist	Suite, Apt. #, etc.			Suite, Apt. #, etc.			04152004	Chg-P	CR2E034	4 (10/03)	
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fronds. I am familiar with, and a the obligations of registered agent and the viscokable (NOTE Registered Agent synature required when reinstating)  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fronds. I am familiar with, and a the obligations of registered agent agent, or both, in the State of Fronds. I am familiar with, and a the obligations of registered agent.  8. SIGNATURE  8. SIGNATURE  8. SIGNATURE  8. STAGNAME AGENT Synature required when reinstating)  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS INT  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INT  10. OFFICERS AND DIRECTORS INT  10. OFFICERS AND DIRECTORS  10. OFFICERS AND DIRECTORS INT  10. STAGNAME  NAME NAME NAME STREET ADDRESS  10. CANDUS LICENT BULY.  10. Change   AMADED   10. C	City & Sta	te		City & State						<del></del>	plied For t Applicable
Name   Street Address   P.O. Box Number is Not Acceptable	Zip				Country		5. Certificate of	of Status Desired			
Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flonda. I am familiar with, and a fine obligations of registered agent.  SIGNATURE  Signature typed or printed name of registered spent and let if applicable  PLE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.   Added to Fees  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  ITILE  NAME  NAME  Deale  TITLE  Deale  TITLE  Deale  TITLE  Deale  TITLE  Deale  TITLE  NAME  STREET ADDRESS  CITY-S1-ZIP  Deale  TITLE  Deale  TITLE  NAME  STREET ADDRESS  CITY-S1-ZIP  Deale  TITLE  Deale  TITLE  NAME  STREET ADDRESS  CITY-S1-ZIP  Deale  TITLE  Deale  TITLE  Deale  TITLE  STREET ADDRESS  CITY-S1-ZIP  TITLE  Deale  STREET ADDRESS  CITY-S1-ZIP  TITLE  Deale  STREET ADDRESS  CITY-S1-ZIP  TITLE  Deale  STREET ADDRESS  CITY-S1-ZIP  TITLE  STREET A		6. Name	and Address of Curren	t Registered Agent			7. Name and	Address of New I	Registered Ag	jent	
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  8. The above remed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Tam familiar with, and a the obligations of registered agent.  SIGNATURE  Bignature typed or printed name of registered agent and Review and Registered Agent signature required Agent signature	) ELIENA	IAOK A			Na	ime					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent.  SIGNATURE    Signature typed or printed name of regatived agent and the if applicable   (NOTE: Registered Agent stynature required when reinstating)   DATE	3820 NOF STE 2050	RTH DALE			Stre	eet Address (	P.O. Box Numbe	r is Not Acceptabl	le)		***
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorica. I am familiar with, and a the obligations of registered agent.  SIGNATURE    Signature typed or printed name of registered agent into title if applicable   INDTE: Registered Apent signature required when reinstating)   DATE	IAMPA, P	L 33624-1	1883		City	y .			FI	Zip Code	<del></del>
After May 1, 2004 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  ITILE   D	the obliga	named entity tions of regist	y submits this statement tered agent.	or the purpose of changing its	registered offi	ice or register	red agent, or both	n, in the State of Fi		I miliar with,	and accept
TITLE  NAME HAMED, MOHAMMED STREET ADDRESS CITY-ST-ZIP BROOKVILLE, FL 34601  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	SIGNATURE.	Signature typed	or printed name of registered ager	it and title if applicable " (NOT	E: Registered Agent	t signature required	t when reinstating)	. 3 71. 20	DATE	·	
HAMED, MOHAMMED  STREET ADDRESS  CITY-ST-ZIP  BROOKVILLE, FL 34601  TITLE  NAME STREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  NAME STREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  NAME STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME STREET ADDRESS	FIL	E NOW!!!	FEE IS \$150.00	9. Election Campa	Ign Financing	<b>\$5</b> .	.00 May Be		DAYE	1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	FIL After M	E NOW!!!	FEE IS \$150.00 4 Fee will be \$550	9. Election Campa Trust Fund Con	ign Financing tribution.	<b>\$5</b> .	.00 May Be ed to Fees	CHANGES TO OFF	ş	DIRECTORS	[N 11
NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	FIL After M  10. TITLE NAME STREET ADDRESS	D HAMED, M	FEE IS \$150.00 4 Fee will be \$550 OFFICERS AND MOHAMMED CE DE LEON BLVD.	9. Election Campa Trust Fund Con	ign Financing tribution.  11. TITLE NAME STREET ADDI	\$5.	ADDITIONS/O	M. AHN	FICERS AND D	Change	Addition
NAME STREET ADDRESS STREET ADDRESS	FIL After M  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D HAMED, M	FEE IS \$150.00 4 Fee will be \$550 OFFICERS AND MOHAMMED CE DE LEON BLVD.	9. Election Campa Trust Fund Con D DIRECTORS	ign Financing ribution.  11.  TITLE NAME STREET ADDI CITY-ST-ZIP  TITLE NAME STREET ADDE STREET ADDE	S\$5 Add	ADDITIONS/O	M. AHN	FICERS AND D	□ Change Bレリ 3 + C	Addition
Ultr-St-ZIP ☐ CITY-ST-ZIP	FIL After M  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	D HAMED, M	FEE IS \$150.00 4 Fee will be \$550 OFFICERS AND MOHAMMED CE DE LEON BLVD.	9. Election Campa Trust Fund Con D DIRECTORS Delete	ign Financing Ification.  11.  TITLE NAME STREET ADDI CITY-ST-ZIP  TITLE NAME STREET ADDE CITY-ST-ZIP  TITLE NAME STREET ADDE TITLE NAME STREET ADDE TITLE NAME STREET ADDE	S\$5 Add	ADDITIONS/O	M. AHN	MAD [	□ Change BU1 3 Y C □ Change	Addition
NAME STREET ADDRESS STHEET ADDRESS STHEET ADDRESS	FIL After M  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	D HAMED, M	FEE IS \$150.00 4 Fee will be \$550 OFFICERS AND MOHAMMED CE DE LEON BLVD.	9. Election Campa Trust Fund Con D DIRECTORS Delete Delete	ign Financing Ification.  11.  TITLE NAME STREET ADDI CITY-ST-ZIP TITLE NAME STREET ADDF CITY-ST-ZIP TITLE NAME STREET ADDF CITY-ST-ZIP TITLE NAME STREET ADDF CITY-ST-ZIP TITLE NAME NAME NAME	RESS P	ADDITIONS/O	M. AHN	MAD [	☐ Change  BU13 3 ← C ☐ Change	Addition
TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRESS	TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	D HAMED, M	FEE IS \$150.00 4 Fee will be \$550 OFFICERS AND MOHAMMED CE DE LEON BLVD.	9. Election Campa Trust Fund Con  D DIRECTORS  Delete  Delete	ign Financing Ification.  11.  TITLE NAME STREET ADDI CITY-ST-ZIP TITLE NAME STREET ADDF TITLE NAME STREET ADDF TITLE NAME STREET ADDF	RESS RESS RESS RESS	ADDITIONS/O	M. AHN	FICERS AND C	Change  Change  Change	Addition
CITY-ST-ZIP  12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information dicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an office or city of the compraging or the receiver or trustee emovement to execute this report as required by Chatter 607. Florida Statutes, and that my man appears in Place 10 or Place.	FIL After M  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	D HAMED, M	FEE IS \$150.00 4 Fee will be \$550 OFFICERS AND MOHAMMED CE DE LEON BLVD.	9. Election Campa Trust Fund Con  Directors  Delete  Delete  Delete  Delete	ign Financing ITI.  ITILE NAME STREET ADDI CITY-ST-ZIP TITLE NAME STREET ADDR CITY-ST-ZIP	RESS RESS RESS	ADDITIONS/O	M. AHN	FICERS AND C	Change  Change  Change  Change	Addition