## 2007 FOR PROFIT CORPORATION

## **FILED** Mar 02, 2007 08:00 AM Secretary of State

| 00035861<br>INC.       |                                       |
|------------------------|---------------------------------------|
| Mailing Address        | 1                                     |
| 656<br>LARGO, FL 33771 |                                       |
|                        |                                       |
|                        | Mailing Address 10500 ULMERTON RD 656 |



03022007 No Chg-P CR2E034 (11/05)

| 4. FEI Number                    | Applied For       |
|----------------------------------|-------------------|
| 59-3570961                       | Not Applicable    |
| 5. Certificate of Status Desired | \$8.75 Additional |

6. Name and Address of Current Registered Agent

HARO, EILEEN 10500 ULMERTON RD #656 LARGO, FL 33771

## DO NOT WRITE IN THIS SPACE

| 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 Florida. I am familiar with, and accept the obligations of registered agent.  |  |  |               |                                |           |  |
|--|--|--|---------------|--------------------------------|-----------|--|
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE   |  |  |               |                                |           |  |
|  | E NOW!!! FEE IS \$150.00<br>ay 1, 2007 Fee will be \$550.00        | Election Campaign Finan     Trust Fund Contribution, | cing          | \$5.00 May Be<br>Added to Fees |           |  |
| 10.  | OFFICERS AND DIREC   | CTORS  |               |                                |           |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | PTR<br>HARO, EILEEN G<br>10500 ULMERTON RD #656<br>LARGO, FL 33771 |  |               |                                |           |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |  |               |                                |           |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  | ·  |               | DO                             | NOT WRITE |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |  | IN THIS SPACE |                                |           |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |  |               |                                |           |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |  |               |                                |           |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated 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 officer or director of the corporation or the receiver or trustee ambowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all their like empowered. |  |  |               |                                |           |  |