

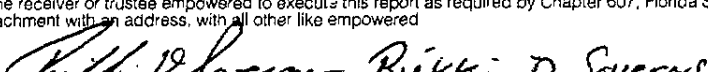


FILED
Feb 28, 2005 08:00 AM
Secretary of State

<div style="display: flex; justify-content: space-between;"><div>DOCUMENT # P99000043939 1. Entity Name DONSORELL, INC.</div><div style="text-align: center;"></div></div>		Secretary of State					
<div style="display: flex; justify-content: space-between;"><div>Principal Place of Business 321 NW 201 AVE. PEMBROKE PINES, FL 33029</div><div>Mailing Address 321 NW 201 AVE. PEMBROKE PINES, FL 33029</div></div>		 02242005 No Chg-P CR2E034 (10/03)					
DO NOT WRITE IN THIS SPACE		<table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:80%;">4. FEI Number 65-0925664</td><td style="width:20%;">Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>		4. FEI Number 65-0925664	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent DONATO, RICHARD T 7700 DAVIE ROAD EXTENSION HOLLYWOOD, FL 33024		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.							
<div style="display: flex; justify-content: space-between;"><div>SIGNATURE _____ <small>Signature typed or printed name of registered agent and title if applicable</small></div><div><small>(NOTE: Registered Agent signature required when reinstating)</small></div><div><small>DATE</small> _____</div></div>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS							
TITLE	D	<div style="font-size: 18pt; font-weight: bold;">DO NOT WRITE IN THIS SPACE</div> <div style="font-size: 12pt; margin-top: 10px;">990000245514 02/24/05-20063-021 150.00</div>					
NAME	SOVERNS, RICKI D						
STREET ADDRESS	321 NW 201 AVE						
CITY - ST - ZIP	PEMBROKE PINES, FL 33029						
TITLE	D						
NAME	FARRELL, BRENDON						
STREET ADDRESS	321 NW 201 AVE						
CITY - ST - ZIP	PEMBROKE PINES, FL 33029						
TITLE	D						
NAME	DONATO, RICHARD T						
STREET ADDRESS	7700 DAVIE ROAD EXTENSION						
CITY - ST - ZIP	HOLLYWOOD, FL 33024						
TITLE							
NAME							
STREET ADDRESS							
CITY - ST - ZIP							
TITLE							
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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 exemption stated in Section 119.07(3)(i), 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 empowered 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 other like empowered							
SIGNATURE:  Ricki D Soverns 2-24-05		<div style="display: flex; justify-content: space-between;"><div><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></div><div><small>Date</small></div><div><small>Daytime Phone #</small></div></div>					