Entity Name	NENT # P99000	INESS REPO 086860		4	May 1 Secre	FILE 1,200 etary (		00 ai tate
incipal Place	of Business	Mailing Address				.000 90066 0		
700 W. CYPRESS CREEK RD., STE. C-103 T. LAUDERDALE FL 33309		2700 W. CYPRESS CREEK RD., STE. C-103 FT. LAUDERDALE FL 33309-1719						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WF	RITE IN THIS SPAC	DE	
City & State		City & State		4. F	4. FEKNumber 65-0975395 Applied For Not Applicable			
Zip	Country	Zìp	Country	5. 0	Certificate of Status Desired		75 Additi Required	
	6. Name and Address of Curren	t Registered Agent		7, N	ame and Address of New			
			Name	·	··	·	-	
317 -	rkowski, joel s - 71st st. Mibeach Fl 33141		Street	Address (P.O. B	ress (P.O. Box Number is Not Acceptable)			
			City		·	FL	Zip Code	
	named entity submits this statement	for the purpose of changing its	registered office	or registered an	ent or both in the State of			
	Signature, typed or printed name of registered age	int and title if applicable. (NOT	E: Registered Agent sign	nature required when re	instaung)	DATE		
•	pration is eligible to satisfy its Intangit		111 FEE IS \$15		10. Election Campaign			May Be
Tax filing r	pration is eligible to satisfy its Intangit requirement and elects to do so. ria on back)	After MAY 1, 20	000 Fee will be ble to Departme	\$550.00 ent of State	Trust Fund Contribu	ition.	Áddəd (	o Fees
Tax filing ro (See criter	requirement and elects to do so. ria on back)	After MAY 1, 20 Make Check Payal DDIRECTORS	00 Fee will be	\$550.00 ent of State AC	Trust Fund Contribu	Ition.	Added I	o Fees
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