

FILED
Apr 03, 2007 8:00 am
Secretary of State

DOCUMENT # P99000090302

The seal of the State of Florida is circular. It features a central illustration of a landscape with a palm tree, a ship, and a building. The text "GREAT SEAL OF THE STATE OF FLORIDA" is inscribed around the top inner edge, and "IN GOD WE TRUST" is inscribed around the bottom inner edge.

Mailing Address
MARGATE-BROWARD
1045 N ST RD 7
MARGATE FL 33063

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Applied For
Not Applicable

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

After May 1, 2007 Fee Will Be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VICIE P.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ARTURO CARDONA SR.		
STREET ADDRESS	4960 E. SABAL PALM BLVD. #111		
CITY-ST-ZIP	TAMARAC FL. 33319		

TITLE	SECRETARY-TREASURER <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIA C. CARDONA
STREET ADDRESS	4960 E. SABAL PALM BLVD. #111
CITY - ST - ZIP	TAMARAC FL. 33319

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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 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.

1/9 22

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/07

Date _____

954-972-8890

Daytime Phone #