

FILED
May 02, 2008 08:00 A
Secretary of State



Principal Place of Business
1080 NE 23 TERRACE #1
POMPAHO BEACH, FL 33062

Mailing Address
1080 NE 23 TERRACE #1
POMPANO BEACH, FL 33062

DO NOT WRITE IN THIS SPACE



04242008 No Chg-P CR2E034 (11/05)

4. FEI Number	Applied For
65-0967848	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent:

O'NEILL, LINDA W
1080 NE 23 TERRACE #1
POMPANO BEACH, FL 33062

**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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing _____ **\$5.00** May Be
Trust Fund Contribution _____ Added to Fees

10. OFFICERS AND DIRECTORS

FILE	P
NAME	O'NEILL, LINDA W
STREET ADDRESS	1080 NE 23RD TERRACE, #1
CITY/STATE/ZIP	POMPANO BEACH, FL

FILE	S
NAME	MCINTYRE, MICHAEL
STREET ADDRESS	315 SE 12TH AVE #2
CITY-ST-ZIP	POMPANO BEACH, FL 33060

TITLE
NAME
STREET ADDRESS
CITY/STATE

TITLE
NAME
STREET ADDRESS
CITY-STATE

FILE
NAME
STREET ADDRESS
CITY, STATE

FILE
NAME
STREET ADDRESS
CITY, STATE

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05/29/08-80084-002 150.00

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 empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 of the report, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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