

Check must be payable in United States Funds and through a United States Bank.
• Make check payable to Florida Department of State.

IMPORTANT INSTRUCTIONS FILED 2007 08:00 AM

Secretary of State



1st MOORE CR2E034 (10/06)

4. FEI Number **59-2563893** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

JIMENEZ, EDUARDO
200 N MIAMI AVE
MIAMI FL 33128

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ FL Zip Code _____

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 reinstalling)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
P	JIMENEZ, EDUARDO	200 N MIAMI AVE	MIAMI FL	☐
VP	JIMENEZ, ENITH	9201 SW 105TH ST	MIAMI FL 33176	☐
S	HERNANDEZ, ADRIANA	8920 SW 102 ND CT	MIAMI FL 33176	☐
T	JIMENEZ, EDUARDO JR	9201 SW 105TH ST	MIAMI FL 33176	☐
				☐
				☐

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition
				☐
				☐
				☐
				☐
				☐
				☐

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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/29/07 3:37 PM 37443
Date Daytime Phone