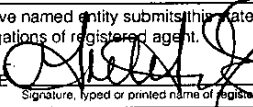


2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

04 NOV 16 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000002229			
1. Entity Name PM7 PROTECTION, L.L.C.			
Principal Place of Business 20754 SW 83RD AVENUE MIAMI, FL 33189		Mailing Address % A & A REGISTERED AGENT, INC. 2450 SW 137TH AVE., SUITE 221 MIAMI, FL 33175	
2. Principal Place of Business		3. Mailing Address 40 A & A Registered Agent, Inc. 2450 SW 137 Ave., Ste. 221	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State MIAMI, FLORIDA	
Zip	Country	Zip	Country
		33175	USA
6. Name and Address of Current Registered Agent A & A REGISTERED AGENT, INC. 2450 SW 137TH AVE., SUITE 221 MIAMI, FL 33175		7. Name and Address of New Registered Agent Name: A & A Registered Agent, Inc. Street Address (P.O. Box Number is Not Acceptable): 2450 SW 137 Avenue Suite 221 City: MIAMI FL Zip Code: 33175	
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:  Gretel Rodriguez, President (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$50.00 After January 1, 2005, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SUAREZ, PEDRO MIGUEL 20754 SW 83RD AVENUE MIAMI, FL 33189 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		Pedro Miguel Suarez 11/15/04 (305) 221-2110	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	