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.

SIGNATURE:  
__________________________
Electronic Signature of Registered Agent  

OFFICERS AND DIRECTORS:

Title:  D  ( ) Delete  
Name:  VALOPPI, JENNIFER V  
Address:  111 NE 1ST STREET SUITE 912  
City-Street:  MIAMI, FL 33132  

Title:  D  ( ) Delete  
Name:  BROWN, DON  
Address:  2290 WEST 8TH STREET  
City-St-Zip:  HIALEAH, FL 33010  

Title:  D  ( ) Delete  
Name:  RUNDELE, KATHERINE F  
Address:  1350 N W 12TH AVENUE  
City-St-Zip:  MIAMI, FL 33126  

Title:  D  ( ) Delete  
Name:  FELDMAN, DONNA  
Address:  6141 SUNSET DRIVE SUITE 402  
City-St-Zip:  MIAMI, FL 33143  

Title:  D  ( ) Delete  
Name:  SRBENICK, MARITA  
Address:  545 NW 25 STREET  
City-St-Zip:  MIAMI, FL 33127  

Title:  D  ( ) Delete  
Name:  KREEGER, JUDITH JUDITH  
Address:  MIAMI DADE CIR CT 175 NW 1 AVE RM 2114  
City-St-Zip:  MIAMI, FL 33128  

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:  ( ) Change  ( ) Addition  
Name:  AMOS, BETTY  
Address:  9275 CORAL REEF DRIVE, SUITE 107  
City-St-Zip:  MIAMI, FL 33157  

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes, and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE:  JENNIFER VALOPPI  
PRES  
01/06/2009  
Electronic Signature of Signing Officer or Director  
Date