2006 FOR PROFIT CORPORATION

FILED Jul 28, 2006 8:00 am Secretary of State

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City & State City & FL Zip Code City & FL	2. Principal Place of Business		3. Mailing Address					AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	
Zip Country Zip Country 5. Corrilicate of Status Desired St. Additional Registered Agent St. Corrilicate of Status Desired St. Additional Registered Agent St. Corrilicate of Status Desired St. Additional Registered Agent Name Not Acceptable MEJIAS, LOURDES 12220 SW 107TH AVE MIAMI, FL 33176 Street Address (P.O. Ban Number is Not Acceptable) T. Name and Address of New Registered Agent T. Name and Address of	Suite, Apt. #, etc.		Suite, Apt. #, etc.			07132006	Chg-P	CR2E034 (11	/05)
S. Certificate of Status Desired Fee Required	City & State		City & State			4. FEI Numbe	02980	97	
MEJIAS, LOURDES 12220 SW 107TH AVE MIAMI, FL 33176 B. The above named entity submits Inis 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Title NOWIII FEE IS \$150.00 PILE IN CHANGES POLICE Registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the prior obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the prior obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the prior obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the prior obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the prior obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the prior obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the prior obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the prior obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the prior obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the prior obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the prior obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the	Zip	Country	Zip	Country	_	5. Certificate	of Status Desired	□ \$8.75 Fee Re	Additional equired
MEJIAS, LOURDES 13176 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City FL Zip Code B. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE		6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered Agent	
Siret Address (P.O. Box Number is Not Acceptable)						•			
B. 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 Spalure, tined to preser named inspitute source and life purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Spalure, tined to preser named inspitute source and life purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Spalure, tined to preser named inspitute source and life 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. DATE SIGNATURE SPALURE STATE HOWERS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE MAME SIRET ADDRESS OUT ST 29 INSET ADDRESS OUT ST 30 SIRET ADDRESS OUT ST 30 OUT ST 20 OUT	12220 SW	107TH AVE		Street Ac	idress (F	P.O. Box Numbe	r is Not Acceptat	ole)	
B. The above named entity submits his statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the poligations of registered agent. SigNATURE Signature, pince or pried nume of registered agent. PILE NOW!!! FEE IS \$150.00 Due by September 6, 2006 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11: ITIE NAME STREET ADDRESS CITY-ST-7P MIAMI, FL 33176 Delete ITIE NAME STREET ADDRESS CITY-ST-7P ITIE NAME STREET ADDRESS CITY-ST-7P ITIE NAME STREET ADDRESS CITY-ST-7P Delete TITE NAME STREET ADDRESS CITY-ST-7P Delete TITE NAME STREET ADDRESS CITY-ST-7P Delete TITE NAME STREET ADDRESS CITY-ST-7P TITE									
SIGNATURE Signature, howed or printed number of registered agent. INDEE Registered Agent sepanture recovered when nemstating) DATE				City				FL Zip	Code
Trust Fund Contribution. Added to Fees Corporation did not receive the prior notice. 10.	the obligat	ions of registered agent. Signature, typed or printed name of registered agent.	and title if applicable. (NOTE, F	Registered Agent signalui	re required	when reinstating)		DATE	·
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		certify that the information supplied with	this filing does not qualify for t		ntained	in Chapter 119	Florida Statutes.	I further certify that	the information

SIGNATURE: