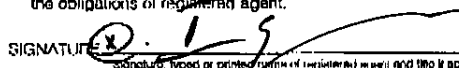


FAX NO. : 7864971900

02-19-2008 90020 014 ***150.00

DOCUMENT # P05000055896 1. Entity Name BUILDING MATERIAL PROVIDER INC.				40027663	
Principal Place of Business 10181 NW 58TH STREET SUITE 10 DORAL, FL 33178		Mailing Address 10181 NW 58TH STREET SUITE 10 DORAL, FL 33178			
2. Principal Place of Business - No P.O. Box # 4361 SW 159 PATH.		3. Mailing Address 4361 SW 159 PATH.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01182008 Chg-P CR2E034 (12/06)	
City & State Miami FL		City & State Miami FL		4. FEI Number 20-3027930	
Zip 33185		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FARINAS, IGNACIO 10181 NW 58TH STREET SUITE 10 DORAL, FL 33178				7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) 4361 SW 159 PATH. City Miami FL Zip Code 33185	
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  IGNACIO FARINAS 1/18/08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required if within jurisdiction) TITLE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS TITLE DPS ☐ Delete NAME FARINAS, IGNACIO STREET ADDRESS 10181 NW 58TH STREET, SUITE 10 CITY-ST-ZIP DORAL, FL 33178			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☒ Change ☐ Addition NAME 4361 SW 159 PATH. STREET ADDRESS MIAMI FL 33185 CITY-ST-ZIP		
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE  IGNACIO FARINAS 1/18/08 305-525-2213 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					