FILED May 02, 2007 8:00 am Secretary of State

	2007	AN	NUA			 KAI	IUI	N
DOCH	NAEVI.	T # D06	የሰባባባል	รกล	ΛR	 ,		

DOCUMENT # P06000050608 1. Entity Name CRIADERO SAN RAFAEL CORP.					05-02-2007 90058 026 ***150.00				
Principal Place of Business 12760 PAIRO LANE OPA LOCKA, FL 33054		Mailing Address 12760 PAIRO LANE OPA LOCKA, FL 33054		:	10098701				
	CAIR	O LANE	3. Mailing Address 12760 C F Suite, Apt. #, etc.	IRO LAN	1E	04302007	Chg-P	CR2E034 (12/06)	
Zip	OCKA	FL 33054	City & State OPALOCKA Zip	FL		4. FEI Numb	 	32. No. 88.75 Add	
<u>330.</u>		and Address of Current R	33054	4.S.U	<u> </u>		Address of New Re	Fee Require	t .
VELAZQUI 12760 PAII OPA LOCK	RO LANE (A, FL .33	054	the purpose of changing its	City	ddress (P 760 PAL	OCKA	EZ Vane er is Not Acceptable) LRO LAN	FL Zip Cod	5054
the obligati	ons of regist		Jelane	E: Règistared Agent agnati			iai, iii ale state di rioii	4/30/07	
FILI After Ma	E NOW!!! iy 1, 200	FEE IS \$150.00 7 Fee will be \$550.0	9. Election Campa Trust Fund Cont		\$5. 0 Adde	00 May Be ad to Fees			
10.	PD	OFFICERS AND D		11.		ADDITIONS	CHANGES TO OFFIC	ERS AND DIRECTOR	
TITLE NAME STREET ADDRESS CITY·ST-ZIP	VELAZQU 12760 PA	JEZ, VANESA IRO LANE KA, FL 33054	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1270	ALOCKA ALOCKA	, Vanesa LO LANE L. FL 330	Ø Change 554	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	12760 PA	O, GABRIEL IRO LANE KA, FL 33054	☐ Delete	TIILE NAME STREET ADDRESS CITY-ST-ZIP	V.P.	ideno, io cai	Gabriel Ro LANE A, FL 330	Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			□ Đelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		7 1 25 400 (2.)	,,,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	IITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE HAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP				☐ Change	Addition .
indicated of the cor	on this repo poration or t or on an att	rt or supplemental report is he receiver or trustee empo achment with an address, w	this filing does not qualify for true and accurate and that wered to execute this report with all other like empowered	my signature shall h as required by Cha	have the s	same legal effe	ot as if made under oa	ath; that I am an officer	or director