SIGNATURE:

DÖCUMENT # P99000108675 1. Entity Name TRANS MILLENNIA, INC.							SECRETARY OF STATE DIVISION OF CORPORATIONS							
Principal Place of Business Mailing Address							00 MAY 12 AM 11: 10							
11301 S.W. 160 MIAMI FL 33196		11301 S.W. 160TH COURT MIAMI FL 33196								-				
2. Principal P	lace of Business	3. Mailing Address												
Suite, Apt. #, etc.		Suite, Apt. #, etc.					Ī	DO NOT WE	RITE IN THI	IS SPACE				
City & State	e	City & State				4. FEI Number 65-0967868 Applied For Not Applicable								
Zip	Country	Zip Country			5. Certificate of Status Desired \$8.75 Addition Fee Required						tional	1		
	6. Name and Address of Current R	egistered Agent				7. Name	and Addr	ess of New				<u> </u>	1	
4898	ejo, Luis f 8 n.w. 7th Street 11 FL 33126	1		Strept Address (PS) Box Number is Not Acceptable) STORY OF THE PROPERTY OF TH							19/2			
SIGNATURE . 9. This corporate filling re-	Signature metal profess have of registered agent and praction is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!	Registered	Agent signatu \$ \$150.0 rill be \$5	registered was required was 1900 is 50.00	ed agent, o	g) . Election	Campaign of Contribut	Florida. DATI	27		May Be to Fees	-	
(See criter	ria on back) OFFICERS AND D	Make Check Payab	le to Dep	partmen	t of State			IGES TO O					-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REAL, MARCOANTONIO 11301 S.W. 160TH COURT MIAMI FL 33196	☐ Delete	TITLE NAME	TADDRESS ST-ZIP		ADDITION		000 -05/		05: 011: 5 *	hange 3口 27 ***1	Addition 		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD D'ARBELLES, CARLOS 11301 S.W. 160TH COURT MIAMI FL 33196	□ Delete	TITLE NAME STREET CITY-S	ADDRESS	VD A 113 113	Pro Rhell Di S. Ami,	es C	ARO 60 Cou	l 196	≯ ₹∘	hange	Addition	, č	
TITLE NAME STREET ADDRESS CITY^ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS							hange	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	FADDRESS ST-ZIP						<u> </u>	hange	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	I ADDRESS ST-ZIP				K	n sli		hange	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	r address St-zip				1"	,	C	hange	☐ Addition		
	certify that the information supplied with a lon this report or supplemental report is poration or the receiver or trustee empty, or on an attachment with an address, w													