2004 FOR PROFIT CORPORATION

CITY-ST-ZIP

SIGNATURE:

FILED Apr 30, 2004 08:00 AM

Daytime Phone #

_	ANN		Secretary of Stat					
DOCUMENT # P02000071118 1. Entity Name 267 CORPORATION			8			56		ary or state
Principal Plac 5825 SW 11	e of Business		ailing Address 825 SW 113 PL					
MIAMI, FL 3			MAMI, FL 33173					
		·		· · · · · · · · · · · · · · · · · · ·				
DO NOT WRITE IN THIS SPACE								034 (10/03)
				CE	04282004 4, FEI Numb	No Chg-P		Applied For
					13-420	5650		Not Applicable \$8.75 Additional
				T	5. Certificate	of Status Desired		Fee Required
	6. Name and Address of	of Current Regis	tered Agent	1				
DIAZ, JORGE 5825 SW 113 PL					=	NOT W		
MIAMI, FL 33173					IN T	THIS SE	PACI	
								f Winnish
	e named entity submits this s tions of registered agent.	tatement for the p	ourpose of changing its registe	rea onice or registe	red agent, or bo	in, in the State of F	igilda. Fan	riamiliai with, and accept
SIGNATURE.	Signature, typed or printed name of re	gistered agent and life	f applicable. (NOTE; Register	ed Agent signature require	d when reinstating)		DATE	
FII	E NOW!!! FEE IS \$15	50.00	9. Election Campaign Fina	incing _ \$5	.00 May Be			
After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution.				. 🔲 Add	ied to Fees			
	OFFIG D	CERS AND DIRE	CTORS	-				
NAME STREET ADORESS	DIAZ, JORGE 5825 SW 113 PL			1				
CITY-ST-ZIP	MIAMI, FL 33173			1		\$ 45% Co. 75.00	h e zahan	
TITLÉ NAME						04.30 34	11 <u>H</u> aco -610 A4	2 -020 -330 -3 0
STREET ADDRESS CITY-ST-ZIP								
TITLE NAME				1				
STREET ADDRESS					DO	NOT W	/RIT	E
TITLE				IN.	THIS SI	PAC	E	
NAME STREET ADDRESS								·
City-St-ZiP				-{				;
NAME								
STREET ADORESS CITY+ST-ZiP								
TITLE NAME	1			1				
STREET ADDRESS				1				

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 O7(3)(i). Florida Statutes I further certify that the information indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR