2005 FOR PROFIT CORPORATION

	KEINS	IAIEWENI								
1. Entity Nam	MENT # 393766 o tailors, Inc.							FILED B-9 PM	5: 02	
Principal Place	e of Business	Mailing Address				. a	deube.	TAKE UEST	ATE	
5391 N.W. 3	6TH ST	5391 N.W. 36TH ST	5391 N.W. 36TH ST				TALLAU	ASSEE, FLO	ODINA	
MIAMI SPRINGS, FL 33166 US		MIAMI SPRINGS, FL 3	MIAMI SPRINGS, FL 33166 U			XX	IALLAH	MOOLL, LL	CNBA	
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Principal Place of Business 3. Mailing Address					-					
z. Filicipai F	ISCS OF DOSITIESS	3. Mailing Address				3111111		UIBIJ BEBIJ UJUIT UJUIT DI	TM	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			01072005	ABINIE	CR9E098 (6/04)	04-05	
City & State	9	City & State	City & State			4. FEI Numb 59-140			ot Applicable	
Zip Country		Zip	Zip Count		-	5. Certificate of Status Desired \$8.75 Additional				
			<u> </u>			<u> </u>		Fee Hequire	ed	
	6. Name and Address of Curr	rent Registered Agent		Name		/. Name and	Address of New Regist	tered Agent		
WILLIAMS	-									
19451 SHE	ERIDAN ST					Street Address (P.O. Box Number is Not Acceptable)				
#220 PEMBROKE PINES, FL 33332										
	α			City				FL Zip Coo	de	
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. J am familiar with, and accept										
the obligations of registered agent.										
SIGNATURE STATE OF THE STATE OF										
	Signature, typed or printed name of registered a	agent and title if applicable. (NO	TE: Register	gent elgru	sture requi	ed when reinstating	ν	DATE		
2	TRUM WILLIAMS	epop								
	LE NOW!!! FEE IS \$300.0						In accordance with a corporation did not a			
10.	OFFICERS A	AND DIRECTORS	11.			ADDITIONS	CHANGES TO OFFICER	IS AND DIRECTOR	RS IN 11	
TITLE	P	☐ Delete	TITL	E				☐ Change	☐ Addition	
NAME	TALLEY, EDWARD		-							
STREET ADDRESS	900 HYACINTH DRIVE	•		EET ADDRESS (-St-Zip					(
CITY-ST-ZIP	DELRAY BEACH, FL 33483				V.P)		Change	Addition	
TITLE NAME	TALLEY, BARBARA	Delete	TITL		TA	HEU	RADBARA	☐ Change	Addition	
STREET ADDRESS	900 HYACINTH DRIVE			NAME 7 H		CLEY, BARBARA HYACINAI DR				
CITY-ST-ZIP	DELRAY BEACH, FL 33483			-ST-ZIP	700	LANGE I	RBACH ISC 8	22467		
TITLE		☐ Delete	TITL	.E	UE	-15-17/(1 / VII	Change	☐ Addition	
NAME			NAM						_ :====================================	
STREET ADDRESS			STR	EET ADORESS						
CITY-ST-ZIP			CiTY	r-ST-ZiP						
TITLE		Delete	TITL	E `	j -			☐ Change	Addition	
NAME			NAM			7	<u>നെവെ ഷയ</u> വ	ener		
STREET ADDRESS				EET ADDRESS		01/1	0 004480 4/0501053	015 ***30	0.00	
CITY-ST-ZIP		m - ·		r-ST-ZIP						
TITLE NAME		Delete	TITL NAM					Change	☐ Addition	
NAME STREET ADDRESS				re Eet address						
CITY-ST-ZIP				r-\$1-ZIP					1	
TITLE		☐ Delete	TITL		-			☐ Change	Addition	
NAME			NAM						_	
STREET ADORESS			STR	EET ADDRESS					[
CITY-SI-ZIP			CITY	Y-ST-ZIP					Ì	
12. hereby	certify that the information supplied for this report or supplemental rep	with this filing does not qualify f	or the exe	emption sta	ted in Se	ection 119.07(3)	(i), Florida Statutes. I furt	her certify that the	information	
of the co	rporation or the receiver or trustee	empowered to execute this repo	rt as requ	ature shall h rired by Cha	nave the apter 60	same legal effe 7, Florida Statut	ct as if made under oath; es; and that my name ap	that I am an office pears in Block 10	er or director or Block 11 if	
changed	, or on an attachment with an addr	ess, with all other like empowere	ہے ک	1//						
CICNIAT	TIDE!	1/1	1	1/2	u	Ø	10705	2058	11-1200	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAMES OF SIGNING OFFICER ON DIRECTOR Date Days The Phone of									-	
L			<u> </u>							