

FILED Apr 10, 2008 08:00 A Secretary of State

1. Entity Nam	MENT # 554601	;		\	Secretary of Sta
Principal Place 2211 SW 22 MIAMI, FL 33	STREET	Mailing Address 2211 SW 22 STREET MIAMI, FL 33145		1 (2001) 2001 2001 2001 2016 2010 1200	191 BIRK BIRK BIRK BIRK BIRK BIRK BIRKBI II 1881
D	O NOT WRITE	College of Marie 1988 and	CE	02082008 No Chg-P 4. FEI Number 59-1777207 5. Certificate of Status Desired	CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required
	LLERMO A 138TH PLACE			DO NOT V IN THIS SI	
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 Signature, typed or printed name of registereo agent and site if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees					
10.	OFFICERS AND D	IRECTORS	1	an agranding	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIAZ, GUILLERMO A 2431 SW 138TH PLACE MIAMI, FL 33175				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ,GUILLERMO 2611 SW 108TH AVE MIAMI FL,			00000i 04/22/08	0888772 -80026-018 150 00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT V	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS S	PACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Par A		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes 1 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: SIGNATURE: OZIOPIOS (305) 856-6930					

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR