

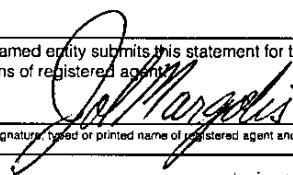
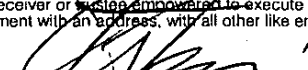


**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

50011232

<b>DOCUMENT # 588603</b>				02-07-2005 90092 019 ***150.00	
1. Entity Name <b>CILISE CORPORATION</b>					
Principal Place of Business <b>1359 SW 36th Street MIAMI, FL 33135</b>		Mailing Address <b>9000 S.W. 36th Street Suite 330 MIAMI, FL 33165</b>		<b>50011232</b>	
2. Principal Place of Business <b>9000 S.W. 36th Street</b>		3. Mailing Address <b>Suite 330</b>			
Suite, Apt. #, etc. <b>Miami</b>		Suite, Apt. #, etc. <b>9990 S.W. 77th Avenue</b>		02012005 Chg-P CR2E034 (10/03)	
City & State <b>Florida</b>		City & State <b>Miami, Florida</b>		4. FEI Number <b>59-1856329</b>	
Zip <b>33165</b>		Zip <b>33156-2661</b>		Applied For Not Applicable	
Country <b>U.S.A.</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>RODRIGUEZ, AUGUSTO 8261 SW 16TH TERR MIAMI, FL 33156</b>				7. Name and Address of New Registered Agent Name <b>John A. Margolis</b> Street Address (P.O. Box Number is Not Acceptable) <b>Suite 330, 9990 S.W. 77th Ave.</b> City <b>Miami</b> FL Zip Code <b>33156-2661</b>	
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  DATE <b>2/1/05</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ALEMAN, RAIMUNDO 695 CARLOCK AVE. PERTHAMBOY, NJ	<input checked="" type="checkbox"/> Delete	TITLE P/D NAME STREET ADDRESS CITY-ST-ZIP	Augusto Plinio Rodriguez 9000 S.W. 36th Street Miami, Florida 33165	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST RODRIGUEZ, MARGARITA 9000 S.W. 36th Avenue MIAMI, FL	<input type="checkbox"/> Delete	TITLE S/D NAME STREET ADDRESS CITY-ST-ZIP	Margarita Rodriguez 9000 S.W. 36th Street Miami, Florida 33165	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE VP/D NAME STREET ADDRESS CITY-ST-ZIP	Augusto Cesar Rodriguez 9000 S.W. 36th Street Miami, Florida 33165	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I 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 assignee 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: 			2/1/2005 (305) 595-1911		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		