UN DOCU 1. Entity Narr	IFORM BUS MENT # 59	OFIT CORPOR INESS REPOR 9366 RP. NO. 2		FILED May 05, 2003 8:00 am Secretary of State 05-05-2003 90246 048 ***150.00
9155 South Suite 1812 Miami FL 331	Place of Business	Mailing Address 9155 SOUTH DADELAND SUITE 1812 MIAMI FL 33156 3. Mailing Address 10625 W. K		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		
City & Stat	m, FL	Miami, F	2	4. FEI Number 59-1897006 Applied For Not Applicable
3317	Country	33176	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	4. 6. Name and Address of	Current Registered Agent	Name	7. Name and Address of New Registered Agent
GREEN, ELIZABETH Street Address (P.O. Box Number is Not Acceptable) 9155 SOUTH DADELAND BLVD. SUITE 1812 MIAMI FL 33156 City				
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				
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	·	RS AND DIRECTORS	\$1.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME Street Address City-st-zip	VD GREEN, NANCY 9155 SOUTH DADELAND MIAMI FL 33156	Delete BLVD, STE 1812	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Green, Robert B 9155 South Dadeland Miami FL 33156	Delete Delete	TITLE PC NAME OF STREET ADDRESS // CITY-ST-ZIP	een, Lobert B. 675 N. Rendall Dr. Lami, FL 33176.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD [®] Green, Elizabeth A 9155 South Dadeland	BLVD, STE1812	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI FL 33156	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition
12. I hereby certify that the information supplied with this filling 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 example 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 is exercise 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 the impowered.				
SIGNAT		THE OR PRINTED NAME OF SIGNING OFFICER		U-20-03 305-778-6600 Date Daytime Phone #