DOCUMENT # A96000002239						/	FILED 08 FEB 19 PM 12: 34			
Principal Place of BusinessMailing Address999 PONCE DE LEON BLVD2600 DOUGLAS ISUITE 101PENTHOUSE 5CORAL GABLES, FL 33134CORAL GABLES, FL							- SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal Place of Business - No P.O. Box #     3. Mailing Address			S							
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc. City & State		01212008 Chg-LP CR2E003 (12/06)			03 (12/06)			
					4. FEI Number 65-0707386		Applied F Not Appli			
Zip		Country	Zip	Cou	intry		of Status Desired		<b>\$8.75</b> Additional Fee Required	
	6. Name	and Address of Curr	ent Registered Agent		Name	7. Name and	Address of New I	Registered /	Agent	
JUAN LOL 1221 BRIC MIAMI, FL	KELL AV	REENBERG TRA ENUE	URIG		Street Addres	s (P.O. Box Numbe	r is Not Acceptabl	le)	Zip Code	
<ol> <li>The above the obligat</li> <li>SIGNATURE</li> </ol>	e named entit tions of regist	y submits this stateme lered agent.	nt for the purpose of char	nging its registe	red office or regis	tered agent, or both	h, in the State of Fi	FL Torida. I am f	familiar with, and acc	
	Signature, typed	or printed name of registered a		0.00			-	DATE		
	A	FILE N After May	IOW!!! FEE IS \$500 1, 2008, Fee will be R THAT IS A BUSINE	e \$900.00 SS ENTITY M	MUST BE REG	STERED AND A ent must be filed	CTIVE WITH TH	HIS OFFICE	E. tner.	
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