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TO:	Amendment Section Division of Corporations		
SUB.	JECT:	Sign & Spend INC.	
		Name of Corporation	
DOC	UMENT NUMBER:	F10000004170	
The e	enclosed <i>Affidavit by Foreign Corp</i> itted for filing.	poration to Change/Add Officer(s) and/or Director(s)	and fee are
Pleas	e return all correspondence concer	ning this matter to the following:	
	Maria B. Parjus Name of Contact Person		
	The Law Firm of Parjus & Assortium/Company		
	1730 Main Street, Suite Address	226	
	Weston, FL 33326 City/State and Zip Cod		
i	LEGAL@PARJUSLA E-mail address: (to be used for future a		
For fi	urther information concerning this	matter, please call:	
	Maria B. Parjus Name of Contact Person	at (<u>954</u>) <u>593-5310</u> Area Code & Daytime Telephone Number	
Enclo	osed is a check made payable to the	e Florida Department of State for the following amoun	t:
[\$35,00 Filing Fee \$43.75 Filing F Certificate of S	Status \$43.75 Filing Fee & Certified Copy (Additional copy is cnclosed) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)	REC 11 AUG SECRET
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	RECEIVED 11 AUG 19 PM 12: 28 SECRETARY OF STATE SECRETARY OF STATE ALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S) AND/OR DIRECTOR(S)

(Note: Applicable only during the first calendar year of qualification)

(140to. 71ppineable only during the fi	ist calcidar year of quarification)	
1. The name of the foreign corporation as it appears	on the records of the Florida Departr	nent of State is:
SIGN & S	SPEND INC.	
2. This entity was authorized to transact business in l	Florida onFLORIDA and its	Florida documer
number isF10000004170		
3. This corporation was formed under the laws of	DELAWARE	- .
4. The name and address of each officer and/or direct	tor is as follows:	SE SE
<u>Title:</u>	Name and Address	AUG CRET
DIRECTOR	JOSE ZAMBRANO	15 A.S.S.S.S.S.S.S.S.S.S.S.S.S.S.S.S.S.S.S
	20900 NE 30TH	E O A
	AVENTURA, FL 33180	- 1 = -
		3t NIE NIDA
	· · · · · · · · · · · · · · · · · · ·	
		·
(Attach additional pag	es if necessary)	
11111	- 2:20 F-	
nature of an officer or director	Title of person signing	

JOSE ZAMBRANO
Typed or printed name of person signing

FILING FEE \$35

Make checks payable to Florida Department of State and Mail to: Division of Corporations • PO Box 6327 • Tallahassee, FL 32314