



**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91288 004 \*\*\*158.75

<b>DOCUMENT # F61564</b> 1. Entity Name <b>ARNOLD'S R.C., INC.</b>				<b>State of Florida</b> 04-26-2004 91288 004 ***158.75																													
Principal Place of Business <b>12490 NORTHWEST 7TH AVENUE MIAMI, FL 33168</b>		Mailing Address <b>P.O. BOX 491 MIAMI, FL 33168-0491 US</b>																															
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																															
City & State  Zip		City & State  Zip		01132004 Chg-P CR2E034 (10/03)																													
Country		Country		4. FEI Number <b>59-2152838</b> Applied For Not Applicable																													
5. Certificate of Status Desired		8.75 Additional Fee Required																															
6. Name and Address of Current Registered Agent <b>ARNOLD, WAYNE E. 13001 S W 14TH PLACE DAVIE, FL 33325</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code																														
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																															
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																														
<table border="1"><tr><td><input checked="" type="checkbox"/> Add</td><td><input type="checkbox"/> Delete</td></tr><tr><td colspan="2">DVS ARNOLD, WAYNE E 6337 ORANGE DRIVE DAVIE, FL 33314</td></tr><tr><td colspan="2">DPT ARNOLD, WAYNE E. 6337 ORANGE DRIVE DAVIE, FL 33314</td></tr><tr><td colspan="2"></td></tr><tr><td colspan="2"></td></tr><tr><td colspan="2"></td></tr><tr><td colspan="2"></td></tr></table>			<input checked="" type="checkbox"/> Add	<input type="checkbox"/> Delete	DVS ARNOLD, WAYNE E 6337 ORANGE DRIVE DAVIE, FL 33314		DPT ARNOLD, WAYNE E. 6337 ORANGE DRIVE DAVIE, FL 33314										<table border="1"><tr><td><input checked="" type="checkbox"/> Change</td><td><input type="checkbox"/> Addition</td></tr><tr><td colspan="2">13001 SW 14 PLACE DAVIE, FL 33325</td></tr><tr><td colspan="2">13001 SW 14 PLACE DAVIE, FL 33325</td></tr><tr><td colspan="2"></td></tr><tr><td colspan="2"></td></tr><tr><td colspan="2"></td></tr><tr><td colspan="2"></td></tr></table>			<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	13001 SW 14 PLACE DAVIE, FL 33325		13001 SW 14 PLACE DAVIE, FL 33325									
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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 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 my address, with all other like empowered.																																	
SIGNATURE: <u>Wayne Arnold</u> PRES. 01-27-04 305-681-5746 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																	