DOCUMENT # G60850 Lintroline SAINT CROSS CORPORATION Secretary of State 032-11-2008 90018 039 **150.00 Troppat Place of Buardes 907 State 12620 SW 0114 C 12620 SUMMARE 1 3184-1423 US Troppat Place of Buardes 907 State 12620 SW 0114 ST 12620	2	2008 FOR PROFI		TION	FILED Mar 21, 2008 8:00 am		
P07 09 25TH AVE MAM, PL 33135 125 00 COUTHNEST GH STREET MAM, PL 33136 4 126 00 COUTHNEST GH STREET MAM, PL 33136 4 2. Principal Pateo disuances - No P.D. Box 4 1 Maying Angrass 2000 01023008 Chap CREEDIAL (1200) Suite Act # dio: Suite Act # dio: Suite Act # dio: 01023008 Chap CREEDIAL (1200) Suite Act # dio: Suite Act # dio: Suite Act # dio: Suite Act # dio: 0023008 Chap CREEDIAL (1200) Suite Act # dio: Su	1. Entity Nam	e			Secretary of State		
12460 S. W. Bth. ST. John Apr. H. St. Dovy J. B. J. J. St. St. St. St. St. St. St. St. St. St	807 SW 25TH AVE 204		12620 SOUTHWEST 6TH STREET House		I TANIN ATA NIK NEK KAN NIK MEN KAN NIK MUTA KAN KAN KAN NIK KANA. KAN		
City & State City & State 4. FEI Number [Applied Forw] MTAMLELOR IDA US Country 5. Certificate of Status Desired 59.23336797 [North applicable] 33184-1437 miami_Dade 20 Country 5. Certificate of Status Desired 59.23336797 [North applicable] 31184-1437 miami_Dade 20 Country 5. Certificate of Status Desired 59.23336797 [North applicable] CRUZ WALDO State Address of Current Registered Agent 7. Mame and Address of New Registared Agent 7. Mame and Address of New Registared Agent CRUZ WALDO Steel Address (P.O. Box Number is Net Acceptable) Steel Address (P.O. Box Number is Net Acceptable) MIAMI, FL 33184-6410 Steel Address (P.O. Box Number is Net Acceptable) [Dire obligitation of registered agent. SGNA TURE Steel Address (P.O. Box Number is Net Acceptable) [Dire obligitation of registered agent. [Dire obligitation of registered agent. INC May 12 (State May 1, 2008 Fee will be \$550.00 9. Exection Carregort Financing \$5.00 May 8e 10. OFFICENS AND DIRECTORS 11. ADDITIONE/CHANGES TO DFFICERS AND DIRECTORS NT 11 INS State Address (State May 1, 2008 Fee will be \$550.00 11. Added to Fire Proces 10. OFFICENS AND DIRECTORS 11. ADDITIONE/CHANGES TO DFFICERS AND DIRECTORS NT 11	12460 S.W. 8th. ST. Suite, Apt. #, etc.		Shills Ant # arc				
Zip Country Zip Country 6. Cartification of Status Desired Stat 7.5 Additional State Address of New Registered Agent 31184-1437 Mit ami-Dade Name and Address of Ourrent Registered Agent 7. Name and Address of New Registered Agent CRUZ, WALDO CRUZ, WALDO C	City & State			/// 5//0/			
	Zip Country Zip		Zip	Country	5 Certificate of Status Desired 38.75 Additional		
CRUZ, WALDO CRUZ, WALDO Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zo Code Street Address (P.O. Box Number is Not Acceptable) City FL Zo Code City FL Softmannel Street Address (P.O. Box Number is Not Acceptable) City FL Zo Code City FL Softmannel Softman	33184-		Registered Agent	<u> </u>			
Charge	12620 SW 6TH ST						
The above named entity submits insistalement for the purpose of changing its registered agent, or both, in the State of Flords. I am familiar with, and accept in the obligations of registered agent. SIGMATURE SIGMATURE SIGMATURE TILE NOWITH FEE IS \$150.00				City	Zip Code		
SIGNATURE	8. The above	named entity submits this statement for	the purpose of changing its	registered office or regis			
HTLE PVD Delete HTLE MMK Change Addition NMME CRUZ, WALDO STRET ADDRESS CTV-ST-2P IIILE STRET ADDRESS CTV-ST-2P IIILE Addition HTLE STD Delete HTLE STRET ADDRESS CTV-ST-2P IIILE Addition NMME STD Delete HTLE STRET ADDRESS CTV-ST-2P Addition NMME STRET ADDRESS CTV-ST-2P IIILE MAME Change Addition NME STRET ADDRESS CTV-ST-2P CTV-ST-2P CTV-ST-2P CTV-ST-2P Addition NME STRET ADDRESS CTV-ST-2P	FIL	E NOW!!! FEE IS \$150.00	9. Election Campa	ign Financing\$	\$5.00 May Be		
NME CRUZ, WALDO MME STRET ADDRESS 12520 S.W. 6TH ST. STRET ADDRESS ITLE STD Delete NME CRUZ, MARTHA Delete STRET ADDRESS 12520 S.W. 6TH ST. Change Addition STRET ADDRESS CRUZ, MARTHA STRET ADDRESS STRET ADDRESS CRUZ, MARTHA STRET ADDRESS STRET ADDRESS CRUZ, MARTHA STRET ADDRESS CRUZ, STRET ADDRESS CITY-ST-ZP		· · · · · · · · · · · · · · · · · · ·		-			
NME CRUZ, MARTHA Induction STREET ADDRESS CITY-ST-ZP MIAMI, FL Intle Intle Int	NAME STREET ADDRESS	CRUZ, WALDO 12620 S.W. 6TH ST.	L Delete	NAME STREET ADDRESS	Li Change Li Addition		
NAME STREET ADDRESS CITY-S1-2IP CITY-S1-2IP TITLE Delete NAME STREET ADDRESS CITY-S1-ZIP Change NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP	NAME Street Address	CRUZ, MARTHA 12620 S.W. 6TH ST.	Delete	NAME STREET ADDRESS	Change Addition		
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ITTLE Delete ITTLE Delete NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ITTLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ITTLE STREET ADDRESS<	NAME STREET ADDRESS		Delete	NAME STREET ADDRESS	Change C Addition		
NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ITILE Delete NAME Delete NAME STREET ADDRESS CITY-ST-ZIP Delete NAME STREET ADDRESS CITY-ST-ZIP Delete NAME STREET ADDRESS CITY-ST-ZIP Change 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 one-mattachapent with an address, with allement like empowred. Walldo Change	NAME Street address		Delete	NAME STREET ADDRESS	Change Addition		
NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 one-arratizethment with an address, with all empowered.	NAME STREET ADDRESS		🗋 Delete	NAME STREET ADDRESS	Change Addition		
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-arrantachment with an address, with all other like empowered.	NAME STREET ADDRESS	м., с.	🗋 Delete	NAME STREET ADDRESS	Change Addition		
SIGNATURE: ALC MULT APPLITISC. 20085 222 2030	indicated of the cor	on this report or supplemental report is reporation or the receiver or trustee empore , or one an attachment with an address, w	true and accurate and that r wered to execute this report	my signature shall have the as required by Chapter (he same legal effect as if made under oath; that I am an officer or director 607, Florida Statules; and that my name appears in Block 10 or Block 11 if		

~