PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORMED

COF RE	PORATION				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				O4 MAY 21 PM 2:51 JEUNETARY OF STATE TALLAHASSEE, FLORIDA				
1. Corpora	JMEN		64353										
	NW 77th	,	ce					•					
2. Principal Office Address 7040-A NW 77th Terrace				l _	Mailing Of	ffice Addres	38		60 (10	41.	0 .15.	. 47	اد ما
Suite, Apt. #, etc.				s	Sulte, Apt. #, etc.				4. Date incor	porated or	Qualified	4 026	\$150.0V -
City & State Medley, Florida				i.	City & State Same				5. FEI Numb 59-23334				
zip 33166	Country USA		Į.	^{Zip} Same		Country Same		6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee refor a Certificate of S			al Fee required		
"					7. N	ame and A	ddress of C	Current Registe	ered Agent				
	Name A&A R		ed Agent				• "	"			. <u>-</u>		
	Street Address (P.O. Box Number is Not Acceptable) 2450 SW 137th Avenue												
	Suite, Apt. #, Etc. Suite 221												1
	City Miami									State FL	Zip Code 33175	,,	1
8. I, being Signature o Registered	or \	ne register	ed agent of the	2.0	amed corpo SVEHC STERED AG	ration, am f LO(ENT MUST	amiliar with	and accept the d	obligations of sect	ion 607.05 Date	05 or 617.0500 05/13/04	3, F.S.	CR2E081 (01/04)
9. Names	s and Street A	Addresses	of Each Office	er and/or	Director (Flo	rida nonpro	fit corporation	ons must list at l	east 3 directors)				
Titles	Name of Officers and/or Director			ctors			Street Address of Each Officer and/or Director			City / State / Zip			
DP	Andy Rodriguez				1940 NW 182 Terrace					Pembroke Pines, FL.33029			
DST	Rodriguez, Regina				1940 NW 182 Terrace					Pembroke Pines, FL 33029			
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this re owed	instatement a by the corpor s application i	application ration have	n, the reason for been paid and appropriate, and	or dissoluted the name my signated	ion has beer nes of individ	eliminated luals listed of ave the sam	the corporation this form	ate name satisfie do not qualify for	provided for in chas the requirement of an exemption under oath.	ts of section der section	n 607.0401 or i 119.07(3)(i), i	617.0401, F.S., th F.S. The informati	nat all fees on indicated
1		PICKETUR	PER ITPED	on PRINT	LY NAME UF	gyaninu yr	LICEH OH BI	ner/UH		vate		Daytime Phone #	· I