2007 FOR PROFIT CORPORATION REINSTATEMENT

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Z 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. Fam familiar the obligations of registered agent. Signature Signature Free Free Free Free Free Free Free F	(1/07)	
2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. P2652q07 REMAR PR2E083, City & State Cliv & State 4. FEI Number 65-0059991 Zip Country Zip Country 5, Certificate of Status Desired 58.7 Fee F 6. Name and Address of Current Registered Agent 7, Name and Address of New Registered Agent Name BIELICH, JULIO 575 CRANDON BLVD #912 KEY BISCAYNE, FL 33149 Street Accress (P.O. Box Number is Not Acceptable) City FL Z SIGNATURE Sprüker, typed or preved intrine of registered agent, and tick of Applicable. (NOTE: Registered Agent aignetive required when reinstating) OATE In accordance with s. 607.1936, corporation did not receive the	(1/07) → (S.L.CID	
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10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Delete TILLE	Change	
NAME BIELICH, JULIO NAME STRIET ADDRESS GIY-ST-ZIP MIAMI, FL 33137 CITY-ST-ZIP	ļ	
TITLE STD Delete TITLE	Change Addition	
NAME BIELICH, MARTHA NAME DDDDB822968 STREET ADDRESS 3886 BISCAYNE BV STREET ADDRESS 02/13/0701013019 CITY-ST-ZIP MIAMI, FL 33137 CITY-ST-ZIP	3© **300.00	
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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify the indicated on this report or supplemental report is true and accurate and that my signature stall have the same legal effect as if made under oath; that I am an of the corporation or the redever or trustee empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Bloc changed, or on an attachment with an address, with all other like empowered SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Days Daysone		