

FILED
Apr 28, 2008 8:00 am
Secretary of State

DOCUMENT # K37614




Mailing Address
C/O IVAN A. GOMEZ ESQ
601 BRICKELL KEY DRIVE SUITE 507
MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

01182008 No Chq-P CR2E034 (11/05)

4. FEI Number
65-0075800

Applied For
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

IAG CORPORATE SERVICES, INC.
601 BRICKELL KEY DRIVE
SUITE 507
MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SUAREZ, RODOLFO A.
STREET ADDRESS	2001 SEGOVIA STREET
CITY-ST-ZIP	CORAL GABLES, FL

TITLE	S
NAME	SOCARRAS, MANDA Socarras, Mayda
STREET ADDRESS	6235 SW 113TH ST
CITY- ST- ZIP	MIAMI, FL 33156

TITLE	T
NAME	REVUELTA, ANGELINA- Angelica
STREET ADDRESS	8100 SW 11TH ST
CITY-ST-ZIP	MIAMI, FL 33144

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rodolfo A. Suarez

4/10/08

Date: _____

(305) 371-9213

Daytime Phone # _____