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DOCU		001096 <u> </u>	\ <u></u>				_	
1. Entity Nam	- 7							
				CONTRACT		04 MAR - 1 Ph	1 l:: 00	
Principal Place of Business		Mailing Address	· · · · · · · · · · · · · · · · · · ·			SEPHETARY	. 4. 00	
210 Seaview Drive. #202 Key Biscayne fl 33149		210 SEAVIEW DRIVE. #202 KEY BISCAYNE FL 33149				SECRETARY OF STATE TALLAHASSEE.FLORIDA		
9.							1010 ((6) 06) 0 10 10 10 10 10 10 10 10 10 10 10 10 1	
2. Principal Place of Business		3. Mailing Address	3. Mailing Address			7) — I LUBANGUN DIN DOLUK HIGIN DOLIN DOLIN DOLIN DOLIN DOLUK HIGIN BONIK BUNIK BILIN BILIN BILIN BILIN BILIN B		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKE	NG CHANGES	
City & State		City & State			4 551 No.		Applied For	
City & State		City & State			4. FEI Num	ber <b>65-1068646</b>	Not Applicable	
Zip	Country	Zip	Zip Count		5. Certifica	te of Status Desired	\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
CORPORATE CREATIONS NETWORK INC.				Name NES NEUHAUS PESCHIERA				
= -	OURTH-STREET #200				P.O. Box Num	ber is Not Acceptable)	Pr-202-	
MUVI	#:DEAUTH-F2-00-109							
				City KEY	815	CAYNE F	L 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.								
12/05								
SIGNATURE Signature, typed or printed name of registrate egent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State								
		· · · · · · · · · · · · · · · · · · ·		orida Departmer nber 24, 2003	nt of State		{	
9	MANAGING MEI	MBERS/MANAGERS	10.			ADDITIONS/CHANG	ES	
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CITY-ST-ZIP	partify that the information are the	with this filling does not avoid to		-ST-ZIP	otion 110 070	DVi) Florido Ctatutas 16 mt	contifue that the information	
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.								

365-9038