PLEASE PEAD ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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1. DOCUMENT # L01000003573

Name and Mailing Address

Signature of

Managing Member/Manager

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SEURLIARY OF STATE TALLAHASSEE, FLORIDA

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Date 11-27-02 Daytime Phone # 305 .526_ 0000

2. New Mailing Address 3950 NW 26+4 St. City, State, Zip MARMI FC 33142				4. State/Country of Formation FL -5. Date Organized or Qualified To Do Business in Florida 03/08/2001		
						Principal Place of Business 3950 N.W. 26TH ST.
	8. Name and Address of Current	Registered Agent	9. Name and Address of New Registered Agent			
CORPORATION COMPANY OF MIAMI 1500 MIAMI CENTER 201 S. BISCAYNE BLVD. MIAMI FL 33131			Name Raymond Mitri Street Address (P.O. Box Number is Not Acceptable) 3950 NW 26th St City Migmi FL Zip Code 33142			
Signature of Registered Age		EGISTERED AGENT MUST SIGN	ny, am familiar with and accept t	he obligations of Chapter 608, F.S. Date)	
I1. Names and Street Addresses of Each Managing Member/Mana Name of Managing Members/Managers			Street Address of Each Managing Member/Manager		City / State / Zip	
CEO	RAYMOND MITRI APT 33			The state of the s		
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