DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 2. April 1. April 2. Apri	FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L 01000005090				FILED Apr 25, 2002 8:00 am Secretary of State	
2. Principal Page of Business 2900 SW 37 AVE Suits Agril Not. 100. Agril Not. 100. Suits Agril Not. 100. Agril Not. 100. Agril Not. 1	1. Entity Name	~				
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DO NOT WRITE IN THIS SPACE Street Address (P.O. Box Number is Not Accoptable) Street Address (P.O. Box Number is Not Acc	Cityle State AMI , FL	MIAMI, +	元		65-1091162. Not Applicable	
Street Accrees (20. Box Number is Not Acceptable) Street Accrees (20. Box Number is Not Acceptable) FL Zip Code 5. The above named entity submits this statement for the purpose of changing its registered office or registered agen, or both, in the State of Florida. SIGNATURE Signature type or private florida in street in the speciate of the Company of the Comp	Zig 33133 Country SA	33133	USA		Fee Required	
IN THIS SPACE City FL 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. SIGNATURE SIGNATURE SUBMITS appealuse, based to protect some one place and state of assessment. Giff Register at Appealuse and the state of Sta		,	Name	7	Name and Address of Current Registered Agent	
SIGNATURE Specific specified and specific specified and s			Street A	ddress (P.	C. Box Number is Not Acceptable)	
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 SigNATURE SigNATURE Signature, these is principle to assistly its intrangible in the statement and effects to do so. (See criteria on back) After May 1, Fee is \$550.00 After May 1, Fee is \$150.00 After May		7	City		FI Zip Code	
After May 1, Fee is \$550.00 May Be Amended USR is \$61.25 (Sec orderin on back). Amended USR is \$61.25 (Sec orderin on back). OFFICERS AND DIRECTORS 11. ITHE MAME SIREET ADDRESS (DIY-S1-2P) ITHE M	SIGNATURE				d agent, or both, in the State of Florida.	
ITILE IMAME ISBRET ADDRESS CITY-ST-ZP ITILE IMAME IMAME ISBRET ADDRESS CITY-ST-ZP ITILE IMAME IMAME ISBRET ADDRESS CITY-ST-ZP ITILE IMAME	Tax filling requirement and elects to do so. (See criteria on back)	After May 1 Amended Make Check Payable	, Fee is \$550.00 UBR is \$61.25		Trust Fund Contribution. Added to Fees	
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. 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 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 receiver or trusted empowered to glecute this report as required by Chapter 607, Florida Statutes: and that my name appears in Block 11 or on an attrachment with an address, with all other like empowered.	NAME STREET ADDRESS CITY-ST-ZIP	تعبيضيع جهايمهم بدهم	STREET ADDRESS CHTY-ST-ZIP		g 1 11 g 3 and 9	
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