## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.





## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State
DIVISION OF CORPORATIONS

1. DOCUMENT #

L01000021659

Name and Mailing Address

FILED

2003 NOV 12 PM 2: 28

DIVIDION OF CORPORATIONS FALLAHASSEE, FLORIDA



2. New Mailing Address  City, State, Zip			4. State/Country of Formation FL  5. Date Organized or Quantied To Do Business in Florida  12/14/2001		
MIAMI FL 33131	City, State, Zip		7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee requir for a Certificate of Status		
8. Name and Address of Curre	nt Registered Agent		9. Name and Address of New Registered Agent		
RAZA, IVO		Name			
1408 BRICKELL BAY DR. #1208 MIAMI FL 33131		Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code			
Registered Agent	BATTOTUZEQUIR	<u></u>		Date 10/31	
Registered Agent	REGISTERED AGENT MUST SIGN	See Line		Date	
	ing Member/Manager Street Manager	set Address of Eaging Member/Man	ager		tate / Zip
Names and Street Addresses of Each Manager  Title(s)  Name of Manager  Members/Manager	ing Member/Manager Street Manager	eet Address of Eac ging Member/Man	ager 18	City / Si	tate / Zip
1. Names and Street Addresses of Each Manager  Title(s) Name of Manager  Members/Manager	ing Member/Manager Street Manager	eet Address of Eac ging Member/Man	ager 18	City / Si	tate / Zip
1. Names and Street Addresses of Each Manager  Title(s) Name of Manager  Members/Manager	ing Member/Manager Street Manager	eet Address of Eac ging Member/Man LL BAY DR. #120	ager 18 11/12/0	City / Si	tate / Zip 

Signature of Managing Mem

ADRICATION TO THE

Date 10/31/03

Dautima Phona # 305 371-3894

LIO RA

RAZA

CR2E094 (7/03