2005 FOR PROFIT CORPORATION

SIGNATURE: _

SIGNATURE AND THE

FILED Apr 18, 2005 8:00 am Secretary of State

305-825-2770

Daytime Phone #

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t. Entity Name		ONALES, INC			04-18-2005 9	90574 045 *** 36756.	150.00	
6890 BAMBOO ST. MIAMI LAKES, FL 33	1	-C/O CARLOS A. TORRES- 6890 BAMBOO ST.	``. ` .					
DO	CE	03092005	No Chg-P	CR2E034 (10/				
	1	59-254		□ \$8.75 Fee Req	Not Applicable Additional			
TORRES, CARL 4675 W 18 COU HIALEAH, FL 33	DO NOT WRITE IN THIS SPACE							
the obligations of r	entity submits this statement for the egistered agent. Hyped or printed name of registered agent and	*	ed office or register	i	h, in the State of Flo	orida. I am familiar v	with, and accept	
After May 1, 2	Will FEE IS \$150.00 2005 Fee will be \$550.00			.00 May Be ded to Fees			Ţ,	
STREET ADDRESS 6890	OFFICERS AND DII OS, ALFREDO T BAMBOO ST. II LAKES, FL 33014	RECTORS	,				, *	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE							•	
NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE IN THIS SPACE				
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NAME STREET ADDRESS CITY-ST-ZIP TITLE			 -				<u>.</u>	
NAME STREET ADDRESS CITY-ST-ZIP								
12. I hereby certify it indicated on this of the corporation changed, or on a	nat the information supplied with the report or supplemental report is transition or the receiver or trustee supply in attachment with an address, with the receiver of the receiver or trustees and the receiver or trustees are received.	is timing does not quality for the exc us and accurate and that my signs and to execute this report as requ and to execute this report as requ and the street and the street are street.	emption stated in Se ature shall have the ired by Chapter 60			I further certify that I cath; that I am an of e appears in Block		

SIGNING OFFICER OR DIRECTOR