

DOCUMENT # M24786

08 DEC -1 PM 3: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 9501 NE 2ND AVENUE MIAMI SHORES, FL 33138					
Mailing Address 9501 NE 2ND AVENUE MIAMI SHORES, FL 33138					
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country			
6. Name and Address of Current Registered Agent MILLER, JAMES M ONE SE 3RD AVE MIAMI, FL 33131					
7. Name and Address of New Registered Agent Name Robert Lehman Street Address (P O. Box Number is Not Acceptable) 1660 AZA Suite 211 City Jupiter FL Zip Code 33477					
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. SIGNATURE Robert R Lehman DATE 11/25/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$750.00 After January 1, 2009, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GROBE, RANDALL Delete 5413 TONYAWATHA TRAIL MONONA, WI 53716				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP WALLBANK, NIGEL Delete 811 FARWELL DRIVE MADISON, WI 53704				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$121				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
Change Addition 000138326700 12/01/08--01040--023 **750.00					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP Wallbank, Nigel Change 80 Bayshore Dr. Miami, FL 33133				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Nigel Wallbank Date 11/25/08 305-364 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>					