
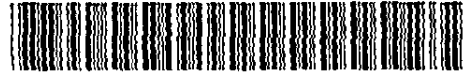
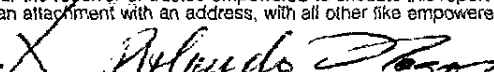


FILED
Mar 29, 2006 08:00 AM
Secretary of State

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| DOCUMENT # M54099 | |  | | Mar 29, 2006 08:20 AM | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Entity Name PAZOS HYDRAULIC CORP. | | Secretary of State | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 3815 N.W. 35 AVE MIAMI FL 33142 | | Mailing Address 6474 PALM AVE HIALEAH FL 33012 | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | 1st MOORE CR2E034 (10/05) | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State Zip Country | | City & State Zip Country | | 4. FEI Number 65-0016038 Applied For Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent TARRADELL, EUSEBIO 4840 NW 184 TERR MIAMI FL 33055 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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. I am familiar with, and accept, the obligations of registered agent. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Added to Fee | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><tr><td>TITLE</td><td>PD</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>PAZOS, ROLANDO</td><td></td></tr><tr><td>STREET ADDRESS</td><td>6474 PALM AVE</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>HIALEAH FL 33012</td><td></td></tr></table> | | | TITLE | PD | <input type="checkbox"/> Delete | NAME | PAZOS, ROLANDO | | STREET ADDRESS | 6474 PALM AVE | | CITY-ST-ZIP | HIALEAH FL 33012 | | <table border="1"><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Add</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table> | | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add | NAME | | | STREET ADDRESS | | | CITY-ST-ZIP | | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  3/11/06 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |