FILED Apr 04, 2008 8:00 am Secretary of State 04-04-2008 90023 048 ***150.00

2008	FOR	PRO	FIT	COF	RPOF	RAT	ION
	A	UNN	AL I	REP	DRT		

1. Entity Nam	MENT # M54102 ENT TOOLS, CORP.			40000000					
Principal Plac	e of Business	Mailing Address		40000					
1944 N.W. 8 Miami, FL 3		1944 N.W. 82 AVE Miami, Fl. 33126							
MINNI, IL 3	3120 03	MIAMI, 12 33120	•		THE AIR STOLL PIECE SIZE FIELD SIZE SIZE SIZE SIZE				
2. Principal P	Place of Business - No P.O. Box #	3. Malling Address	- <u>82</u> bu						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03142008 Chg-P	CR2E034 (12/06)				
Giva State Lliouri, FL		Cipa State Whitein	il	4. FEI Number 59-2823641	Applied For Not Applicable				
Zip 33	126 Country	^{ટાંગુ} ઝેરે\2હ	Country	5. Certificate of Status Desi	red S8.75 Additional				
	6. Name and Address of Current Re			7. Name and Address of N	ew Registered Agent				
SALAS, W	INTON		Name						
1944 N.W. 82 AVE MIAMI, FL 33126			Street Address	Street Address (P.O. Box Number is Not Acceptable)					
			City		Zip Code				
B The above	annot goth, submits this statement for the	no number of changing its co			F" % '				
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.	Signature, typed or printed name of registered agent and	title if applicable, (NOTE: F	legatered Agent signature require	ed when renesting)	DATE				
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Trust Fund Contrib	· - ·	5.00 May Be ided to Fees					
10.	OFFICERS AND DI		11.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS IN 11				
TITLE HAME	SALAS, WINSTON	☐ Delete	TITLE NAME		☐ Change ☐ Addition				
STREET ADDRESS CITY-ST-ZIP	1944 N.W. 82 AVE		STREET ADDRESS						
TITLE	MIAMI, FL 33126	☐ Delete	CITY-ST-ZIP TITLE		☐ Change ☐ Addition				
NAME	SALAS, ALDO -	L belete	NAME		C Grange C Frontieri				
STREET ADDRESS CITY-ST-ZIP	1944 N.W. 82 AVE MIAMI, FL 33126		STREFT ADDRESS CITY-ST-ZIP						
TITLE		☐ Detete	TITLE		☐ Change ☐ Addition				
NAME		_ 23	NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition				
NAME STREET ADDRESS			NAME		_ ,				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
TITLE		☐ Delete	TITLE		Change Addition				
NAME STREET ADDRESS			NAME STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Dalete	TITLE		☐ Change ☐ Addition				
NAME STREET ADDRESS			NAME STREET ADDRESS						
CITY-ST-ZIP			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 exocute 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 othersike of plewered.									
SIGNATURE: SIGNATURE AND TYPED OR PERITED AME OF SIGNARY OFFICER OR DIRECTOR Date Design Phone &									
	BIGRATURE AND TYPED OR PRA	I CHARGE OF SIGNING OFFICER OR	LINECTOR	Date	Daytime Phone #				