NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	200	)6 NOT-FOR-PR ANNUAI	Jul Se	FILED Jul 13, 2006 8:00 am Secretary of State				
1666 ECOMMERCIAL BLVD FLAIDERDALE, FL 33334       1568 E COMMERCIAL BLVD FLAIDERDALE, FL 33334       002224655         2. Principal Place of Business       3. Mating Accress       07032006       Chg.+P       CR2E037 (4/66)         2. Stie, ADL #, #C.       Suite, Apl. #, #C.       07032006       Chg.+P       CR2E037 (4/66)         2.0       Country       2/P       Country       8. Certificate of Status Desired       58.755 Additional Free Regulard         2.0       Country       2/P       Country       8. Certificate of Status Desired       58.755 Additional Free Regulard         2.0       Name and Address of Current Registered Agent       7. Name and Address of Nor. Registered Agent       Street Address (PO. Box Number is Not Acceptable)         FT LAUDERDALE, FL 33334       MENI CA, AND RES       Street Address (PO. Box Number is Not Acceptable)       Cr4         Street Address (PO. Box Number is Not Acceptable)       FL       Zip Code       Cr4       FL         Street Address (PO. Box Number is Not Acceptable)       Nume       Street Address (PO. Box Number is Not Acceptable)       Entities of Status is Not Acceptable)         Street Address of registered Agent       Nume       Street Address (PO. Box Number is Not Acceptable)       Entities of Status is Not Acceptable)         Street Address Is OPERCIONES       9. Election Company Floatochy       Street Address (PO. Box Number is Not Ac	1. Entity Name THE UNITED STATES OF AMERICA NATIONAL				0	7-13-2006 90022 035 ****61	.25	
Suite, Apt. #, etc.     Suite, Apt. #, etc.     07032008     Cbg.NP     CA2E037 (4/26)       City & State     1     Chy & State     4. FEI Number 20-1154704     Applied For 20-1154704     Applied For 20-1154704     Applied For 20-1154704       Zip     Country     Zip     Country     2     Country     6. Centification of Status Desired     9. Decime Address of New Registered Apent       PACMEMARSSARIARY, DANIB     MENTICA, ANDRES     Stota Address of New Registered Apent     Name     10. Centre     10.	1608 E COM	MERCIAL BLVD	1608 E COMMERCIAL		1 1881/181 811 8111 81			
City A State     City & State     4.FE/Novebor     Applied Fig     Chycles (7/4/6)       Zo     Country     Zip     Country     Source (2011)     Source (2011) <t< td=""><td colspan="2">2. Principal Place of Business</td><td colspan="2">3. Mailing Address</td><td></td><td></td><td></td></t<>	2. Principal Place of Business		3. Mailing Address					
Zip         Country         Zip         Country         Zip         Country         S. Certification of Status Desired	Suite, Apt. #, etc.		Suite, Apt. #, etc.		07032006 Chg	J-NP CR2E037 (4/06)		
Zp         Country         Zp         Country         6. Canificate of Status Desired	City & State		City & State					
	Zip	Country	Zip	Country		us Desired S8.75 Additio		
PaceEndbaceSartaner, Davarbe MENICA, ANDRES     Sire Address (PO. Box Number is Not Acceptable)     FileDate EndbaceSartaner, Davarbe MENICA, ANDRES     Sire Address (PO. Box Number is Not Acceptable)     City         FL         Zip Code     City         Siter Address     City         Siter Address         Zip Code     City         Siter Address         Zip Code     City         Siter Address         Zip Code     City         Zip Code     City         Zip Code     City         Zip Code     City         Zip Code     City     City         Zip Code     City         Zip         Zip Code     City         Zip         Zip         Zip         Zip         Zip         Zip         Zip         Zip         Zip		6. Name and Address of Curren	t Registered Agent		7. Name and Addre		<u>-</u>	
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Riorda. Tem familiar with, and accide the obligations of registered agent.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  Particle of S61.25  Due by September 6, 2006  P. Election Campaign Financing Trust Fund Contribution.  Added to Fees  Fiorda Department of State  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES  11. ADDITIONS/C	1608 E COMMERCIAL BLVD							
International spectrum of registered agent and the facebacter.         (NOTE Registered Agent signature registered agent signature registered after revealancy)         Date         Signature, typed or period name of registered agent and the facebacter.         (NOTE Registered Agent signature registered after revealancy)         Date         Date by September 6, 2006         11.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS         11.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS         ITLE         NME CIA, ANDRES J DR         Intrue         Intrue         Opticers and DIRECTORS         ITLE         NAME         STREET AGENSS         OPT LAUDERDALE, FL 33334         Intrue					FL (			
Due by September 6, 2006         Trust Fund Contribution.         Added to Fees         Florida Department of State           10.         OFFICERS AND DIRECTORS         11.         Added to Fees         Florida Department of State           10.         OFFICERS AND DIRECTORS         11.         Added to Fees         Florida Department of State           10.         OFFICERS AND DIRECTORS         11.         Added to Fees         Change         Add           10.         PORT LAUDERDALE, FL         3334         Intel	the obligati	ons of registered agent.			-		d accept	
ITILE       P       ITILE       ITI	Dı	-						
NMAE       MENCIA, ANDRES J DR       Delate       NMAE         STREET ADDRESS       1608 E COMMERCIAL BLVD       STREET ADDRESS         ITLE       Delate       ITLE       Chrone       Add         NMAE       STREET ADDRESS       CITY-SI-2P       Chrone       Add         ITLE       NAME       STREET ADDRESS       CITY-SI-2P       Chrone       Add         ITTLE       ITTLE       NAME       STREET ADDRESS       CITY-SI-2P       CITY-SI-2P       Add         ITTLE       ITTLE       ITTLE       Chrone       Add       Add       Add         STREET ADDRESS       CITY-SI-2P       CITY-SI-2P       CITY-SI-2P       CITY-SI-2P       Add         ITTLE       ITTLE       NAME       STREET ADDRESS       CITY-SI-2P       CITY-SI-2P       Add         ITTLE       ITTLE       NAME       STREET ADDRESS       CITY-SI-2P       CITY-SI-2P       CITY-SI-2P       Add         ITTLE       ITTLE       NAME       STREET ADDRESS       CITY-SI-2P       CITY-SI					ADDITIONS/CHANGES	· · · · · · · · · · · · · · · · · · ·		
NAME       STREET ADDRESS       STREET ADDRESS         CITY-S1-2P       CTY-S1-2P         TITLE       Delete       TITLE         NAME       STREET ADDRESS       CTY-S1-2P         TITLE       Delete       TITLE         NAME       STREET ADDRESS       CTY-S1-2P         CITY-S1-2P       CTY-S1-2P       CTY-S1-2P         TITLE       Delete       TITLE         NAME       STREET ADDRESS       CTY-S1-2P         TITLE       Delete       TITLE         NAME       Delete       TITLE         NAME       STREET ADDRESS       CTY-S1-2P         TITLE       Delete       TITLE         NAME       STREET ADDRESS       CTY-S1-2P         TITLE       NAME       STREET ADDRESS         CITY-S1-2P       CTY-S1-2P       CTY-S1-2P         TITLE       Delete       TITLE         NAME       STREET ADDRESS       CTY-S1-2P         CITY-S1-2P       CTY-S1-2P       CTY-S1-2P         TITLE       Delete       TITLE         NAME       STREET ADDRESS       CTY-S1-2P         TITLE       NAME       STREET ADDRESS       CTY-S1-2P         TITLE       NAME	NAME STREET ADDRESS	1608 E COMMERCIAL BLVD		NAME STREET ADDRESS				
NAME       Interspective         STREET ADDRESS       STREET ADDRESS         CITY-S1-2IP       CITY-S1-2IP         IITLE       Delete         NAME       STREET ADDRESS         CITY-S1-2IP       CITY-S1-2IP         IITLE       Delete         NAME       STREET ADDRESS         CITY-S1-2IP       CITY-S1-2IP         ITTLE       NAME         STREET ADDRESS       CITY-S1-2IP         ITTLE       Delete         ITTLE       NAME         STREET ADDRESS       CITY-S1-2IP         ITTLE       Delete         ITTLE       Delete         NAME       STREET ADDRESS         CITY-S1-2IP       CITY-S1-2IP         ITTLE       Delete         NAME       STREET ADDRESS         CITY-S1-2IP       CITY-S1-2IP         ITTLE       NAME         STREET ADDRESS       CITY-S1-2IP         ITTLE       Delete         TITLE       STREET ADDRESS         CITY-S1-2IP       CITY-S1-2IP         ITTLE       Change         NAME       STREET ADDRESS         CITY-S1-2IP       CITY-S1-2IP         ITTLE       Change     <	NAME STREET ADDRESS		Delete	NAME STREET ADDRESS		Change [	Addilion	
NAME       STREET ADDRESS         CITY-ST-ZIP       CITY-ST-ZIP         ITTLE       Delete         TITLE       Delete         STREET ADDRESS       CITY-ST-ZIP         CITY-ST-ZIP       Delete         TITLE       Delete         STREET ADDRESS       CITY-ST-ZIP         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 in officer or direct         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 han on officer or direct	NAME STREET ADDRESS		Delete	NAME STREET ADDRESS		Change [	Addition	
NAME       NAME         STREET ADDRESS       STREET ADDRESS         CITY - S1 - ZIP       CITY - S1 - ZIP         ITTLE       Delete         NAME       NAME         STREET ADDRESS       CITY - S1 - ZIP         CITY - S1 - ZIP       Delete         TAME       NAME         STREET ADDRESS       CITY - S1 - ZIP         CITY - S1 - ZIP       STREET ADDRESS         CITY - S1 - ZIP       CITY - S1 - ZIP	NAME STREET ADDRESS		Delete	NAME STREET ADDRESS		Change [	Addition	
NAME     NAME       STREET ADDRESS     STREET ADDRESS       CITY-ST-ZIP     STREET ADDRESS       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 gath; that I am an officer or direct	NAME STREET ADDRESS		Delete	NAME STREET ADDRESS		Change [	] Addition	
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SIGNATURE: Andres Ménica	indicated of the cor changed,	on this report or supplemental report poration or the receive) or trustee em or on an attachment with arreddress	is true and accurate and that	my signature shall have t t as required by Chapter	the same legal effect as if 617, Florida Statutes; and	made under oath: that I am an officer or	director	

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