1 12008 NOT-F DR-PROFIT CORPORATION AMENI ED ANNUAL REPORT

	145317 // NO.		ı FILED					
1. Entity Nam	MENT # N34 IRY COMMERCI ATION, INC.		OOMINIUM		08 OCT 03 PH 1: 07			
ļ <u>.</u>					$\frac{1}{2}$	SECRETALL OF ALLAHASSEE,	STATE	
Principal Place of Business MIAMI MANAGEMENT INC 14275 SW 142 AVE MIAMI, FL 33186		Maifing Address MIAMI MANAGEMENT INC 14275 SW 142 AVE MIAMI, FL 33186						#11 0 1 De 1 02 1
2. Principal Place of Business - No I		Box # 3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
					<u> </u>	Chg-NP CR26	E037 (12/06)	- East Fax
City & State			ity & State		4. FEI Number Applied For 20-3859197 Not Applicable			
Zip	Count	Zip Cou		Country	5. Certificate of S	Status Desired	\$8.75 Add - Fee Require	
	6. Name and Addr	s of Current Register	ed Agent		7. Name and Ad	dress of New Registere	d Agent	
1820 E. H	I, MARK P.5A ALLANDALE BEAC ALE, FL 33009	1 BLVD.		City	man So s (P.O. Box Number is 21th FL	oor	gler S	n Gursk treet
O The observe	and antitude has to the		ann at abanaisa ita	1911	ami	the State of Florida La	- 1 20	30
8. The above named entity submits it entermed 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 Signature, ryoed or privide ware registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
Amended AR is \$		11450, 5114 30, 1115			\$5.00 May Be Added to Fees	Florida Der	eck payable t partment of S	tate
10.	VPD OFFI	ERS AND DIRECTOR	S Defete	11.	ADDITIONS/CHANG	GES TO OFFICERS AND	DIRECTORS IN	10 Addition
NAME	BASSIN, ALEX		La Derete	NAME	1077470	8-1-01050017	**61.2	
STREET ADDRESS CITY-ST-ZIP	20195 NE 16 PL MIAMI, FL 33179			STREET ADDRESS CITY-ST-ZIP				
TITLE	PD		☐ Delete	TITLE			☐ Change	☐ Addition
NAME	TRACZ, EDUARDO 20137 NE 16 PLACI			NAME STREET ADDRESS				ļ
STREET ADDRESS CITY-ST-ZIP	MIAMI, FL 33179	•		CITY-ST-ZIP				
TITLE	STD		Delete	TITLE			☐ Change	☐ Addilion
STREET ADORESS	BESNER, JOANNE 21050 NE 38 AVE 4	(NAME STREET ADDRESS				
CITY_ST-ZIP	AVENTURA, FL 33	1 2		CITY-ST-ZIP				
NAME			☐ Delete	TITLE NAME			☐ Change	Addition
STREET ADDRESS	ļ			STREET ADDRESS				į
CITY-ST-ZIP			☐ Delete	CITY-ST-ZIP			Change	Addition
NAME			- Doine	NAME			C. Orange	Addition
STREET ADDRESS CITY+ST-ZIP				STREET ADDRESS CITY-ST-ZIP				
TITLE			☐ Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP				NAME STREET ADDRESS : City-St-Zip				
12. I heraby certify that the information indicated on this report or supplement of the corporation or the receiver or changed, or on an attachment with changed. 12. I heraby certify that the information indicated on this report or supplement of the corporation or the receiver or changed, or on an attachment with changed. 13. I heraby certify that the information indicated on this report or supplement of the corporation or the receiver or changed, or on an attachment with changed. 14. I heraby certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplement all 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 changed, or on an attachment with carried by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if the certific 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 changed, or on an attachment with carried by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if the certific 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 changed, or on an attachment with carried by Chapter 617, Florida Statutes. I further certify that the information indicated on this report as required by Chapter 617, Florida Statutes. I further certify that I am an officer or director of the corporation of the corporation of the corporation or the receiver or chapter of the corporation or the receiver or chapter of the corporation or the receiver or chapter of the corporation or the corporation or the corporation of the corporation or the corporation of the corporation or the corporation of the corporation of the corporation or the corpo								or director
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