Apr 06, 2000 8:00 am Secretary of State 04-06-2000 90040 016 ****70.00

					BER JUNIO (ARI) DONI DONI BENIL DONI BENIL		JEE 7171 (201	
2. Principal Place of Business 143 WoodETTE DR. Suite, Apt. #, etc.		3. Mailing Address 143 Woodsttt & A. Suite, Apt. #, etc.		2.	DO NOT WRITE IN THIS SPACE			
City & State City & State				4. FEI Numbe	er .		plied For	
2Zip	Cguntry A	DUNEDIN,	Country			8.75 Add		
5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent								
HKE&F REGISTERED AGENT CORP. 2601 S BAYSHORE DR, SUITE 600 MIAMI FL 33133				Name Street Address (P.O. Box Number is Not Acceptable)				
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. SIGNATURE								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOW: 9. Election Campaign Financ Trust Fund Contribution.				\$5.00 May Be Added to Fees	Added to Fees Department of State			
10.	OFFICERS AND DIRECTORS 11.			ADDITIONS/CH	ANGES TO OFFICERS AND DIR	ECTORS IN		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Carner, Giovanna M 2655 St Joseph Drive West Dunedin Fl 34682	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	UMBERTO 143 WOOD DUNEDIN	2. CARNERA, ETTE DR. FL. 3469	Change M.D.	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Furia, arthur J 2601 S Bayshore Drive, suite Miami Fl 33133	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	⊌ mil -r r	,	☐ Change	☐ Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tartaglia, Gianluca 2601 S Bayshore DR, Suite 60 Miami Fl 33133	Ø Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		1	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	sertify that the information supplied with	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	and in Spetion 110 07/0V		Change	Addition	

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 617, 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.

M. CARNERA) 4/2/10