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DOCUMENT # P 0000			]	O		
THE POWER OF THE SIXTH SENSE, INC			FILED			
Mailton Addison			01 OCT -4 PM 4:53			
Principal Place of Business 3399 NW 72 AVENUE SUITE 123 MIAMI FL 33122			SECRETARY OF STATE  TALLAHASSEE, FLORIDA  1000046273719  -10/08/0101079004			
Principal Place of Business     3. Mailing Address			****150.0	0 ****150.00		
Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State: City & State			4. FEI Number Applied Fo			
Zip Country	Zıp	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
6. Name and Address of Current F	Registered Agent	Name	7. Name and Address of New Registered	Agent		
NORAYDA MACHIN		Street Address	eet Address (P.O. Box Number is Not Acceptable)			
840 SW 141ST AVENUE						
MIAMI FLYDOTHO		City	FL Zip Code			
The above named entity shomits this statement for SIGHATURE	the purpose of changing its	registered office or registe	red agent, or both, in the State of Florida.	01/01		
Signature Theo or popular land of rugulered agont a	nd title if applicable. (NOT	E. Registered Agent signature require	d when reinstating) DATE			
9. This corporation is eligible to salety in Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!! FEE IS \$150.00  After MAY 1, 2001 Fee will be \$550.00  Make Check Payable to Department of State				\$5.00 May Be Added to Fees		
11. OFFICERS AND I		12.	ADDITIONS/CHANGES TO OFFICERS AN		Ö	
MACHININORAYE STRETT ADDRESS 340 SW 141 AVEN MIAMI FL 3314	A □ Delete SOÉ La	TITLE NAME STREET ADDRESS CITY-ST 71P		☐ Change ☐ Addition	nb2E034(110	
HALE U.P. DUILANTES, MACH	IN YWAIIDREE	TITLE NAME STRLEF ADDRESS		Change Addition	Cau	
CITY-SI-ZIP MIAMI FL 33143  TITLE  TIAME  STREET ADDRESS  CITY-SI-ZIP	Delete	CITY-ST-ZIP  THE  NAME  STREET ADDRESS  CHY-ST-ZIP		Change Addition		
INTLE HAME STREET ADDAFCS CITY-S1-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1,111000	Change Addition		
TITLE HAME STREET ADDRESS GITY ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP		☐ Change ☐ Addition		
NTLE NAME STREET ADDRESS CNTV-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		
13. Thereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee emporthanged, or on an attachment with an adverses SIGNATURE:	true and accurate and that r wered to execute this report	my signature shall have the as required by Chapter 60	same legal effect as if made under oath; that I 7, Florida Statutes; and that my name appears	am an officer or director		

Division of Corporations P.O. BOX 6327 Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$150.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my Corporation THE POWER OF THE SIXTH SENSE, INC

Thank you for your courtesy in this matter.

NORAYDA MACHIN

PRESIDEN

OFFICE USE ONLY (Document #)	<u> </u>		
EXPRESS CORPORATE FILIN (Requestor's Name)	G SERVICE INC.		•
1000 PONCE DE LEON BLVD	. STE: 101		
(Address)			•
CORAL GABLES, FL 33134	305-444-4994 ne #)		
(City, State, Zip) (Pho	ne # )		• .
	-	OFFICE USE ONLY	
CORPORATION NAME(S) & I	DOCUMENT NUM	BER(S) (if known):	
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1. HE TOWE (Corporation Name)	cie of Thi	(Document #)	SENSE,/NC
2.			
(Corporation Name)		(Document #)	
3. (Corporation Name)		(Document #)	
4.			
(Corporation Name)		(Document #)	
Walk in Pick up time		Certified Cop	ру <u>Б</u>
	D Dhatasanii	Certificate of	Status O1
Mail out Will wait	Photocopy	Certificate of	Status Services
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NEW FILINGS	AMENDM	ENTS	RECEIVED  01 OCI -4 PN 1:  DIVISION OF CORPORA
Profit	Amendment		POR P
NonProfit	Resignation of F	R.A., Officer/Director	D 1: 33 ATION
Limited Liability	Change of Regist	tered Agent	<u>₹</u> ω
Domestication	Dissolution/With	drawal	
Other	Merger		
L4			
OTHER FILINGS	REGISTRATIO	C. 200.0000001000.0000	
Annual Report	QUALIFICATIO	N	•
Fictitious Name	Foreign		,
Name Reservation	Limited Partners	hip	· .
	Reinstatement	• •	
	Trademark		
	Other		xaminer's Initials