June       Apple       Do NOT WRITE IN THIS SPACE         Solide, Apt. 4, elic.       Solide, Apt. 4, elic.       Do NOT WRITE IN THIS SPACE         Eff & State       Apple       Apple         Apple       Do NOT WRITE IN THIS SPACE       Apple         Eff & State       Apple       Apple         Apple       Do NOT WRITE IN THIS SPACE       State, Apple         Apple       Do NOT WRITE IN THIS SPACE       State, Apple         Apple       Do NOT WRITE IN THIS SPACE       State, Apple         Apple       Do NOT WRITE IN THIS SPACE       State, Apple         Apple       Do NOT WRITE IN THIS SPACE       State, Apple         Apple       Do NOT WRITE IN THIS SPACE       State, Apple         Apple       Do NOT WRITE IN THIS SPACE       State, Apple         Apple       Do NOT WRITE IN THIS SPACE       State, Apple         Apple       Do Not Write IN THIS SPACE       State, Apple         Apple       Do Not Write IN THIS SPACE       State, Apple         Apple       Do Not Write IN THIS SPACE       State, Apple         Apple       Do Not Write IN THIS SPACE       State, Apple         Apple       Do Not Write IN This Space       State, Apple Apple, Apple	1. Entity Nan	MENT # POOOOOO		NI (UDN)	FILED Apr 24, 2001 8:00 am Secretary of State 04-24-2001 90044 003 ***150.00
Bringpal Pigge of Business     Suite Apt # ofc     Suite Apt	631 SHERIDAI	N ST	5631 SHERIDAN ST	·····	
Adductive       Address       Country       Displayed       Country       Starting	2. Principal F	Place of Business	3. Mailing Address	833675	DO NOT WRITE IN THIS SPACE
Action Control of States Control Agent     Actions of Current Registered Agent     Arren and Address of New Registered Agent     VARGAS, INGRID     Set ShernDAN ST     HOLLYWOOD FL 33021     City     FL     Zip Code     City     Ci	A A	upont. FL	Lity & State	d.Fl	
VARGAS, INGRID 5631 SHERIDAN ST HOLLYWOOD FL 33021     Name       21     City     FL       22     Code       3. 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, how dir quational agent and the spatiator.       3. 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, how dir quational agent and the spatiator.       3. This corporation is eligible to satisfy its Inflampible Tax lling requirement and elects to do so.     Image Plant P		Country Country		Country	5. Certificate of Status Desired  Status Desir
VARGAS, INGRID 5631 SHERIDAN ST HOLLYWOOD FL 33021       Street Address (P.O. Box Number is Not Acceptable)         City       FL       Zip Code         A. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.       City       FL       Zip Code         B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.       DATE         B. This corporation is eligible to satisfy its intangible Task ling requirement and elects to do so.       Mate Check Payable to Department of State Make Check Payable to Department of State UNRER ADRESS TO OFFICERS AND DIRECTORS       10. Election Campaign Financing Trust Fund Contribution.       \$5.00 Ma Added to Fe         1       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1         10. Election Campaign Financing Trust Fund Contribution.       Change       International Contribution.         10. VARGAS, INGRID Trust Fund Contribution.       Change       International Contribution.       Change         11. OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1       Change       International Contribution.       Change         11. OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1       Change       International Contribution.       Change       International Contrecond Contribution.       Change		6. Name and Address of Current I	Registered Agent	Name	7. Name and Address of New Registered Agent
City       FL       Zip Code         City       FL       Zip Code         A. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.       INTE: Projectived Agent segment agent, or both, in the State of Florida.         MGNATURE       Signature, typed or prived name of registered agent and the flapekcable.       (NOTE: Projectived Agent segment recurred when reinstaire)       DATE         9. This corporation is eligible to satisfy its Intangible       FLLE NOW!!! FEE IS \$150.00       10. Election Campaign Financing       \$50.00 Make Check Payable to Department of State         10. OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TILE       Added to Fe         11. OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TILE       Change	5631	SHERIDAN ST			s (P.O. Box Number is Not Acceptable)
	HOLLYWOOD FL 33021				
IGNATURE           IGNATURE         Signature, typed or printed name of registered agent and tible if explicable         (NOTE: Registered Agent segrature required when reinstating)         DATE           9. This corporation is eligible to satisfy its intangible         FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State         10. Election Campaign Financing Trust Fund Contribution.         \$5.00 Ma Added to Fe           11.         OFFICERS AND DIRECTORS         12.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1           12.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS         12.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1           14.         OFFICERS AND DIRECTORS         12.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1           15.         Delete         TITLE         Delete         TITLE           16.         DESTIMATIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1         Change         International control of the set of t	<u></u>			City	FL Zip Code
TLE D Change Cha	Tax filing i	requirement and elects to do so.	After MAY 1, 200	01 Fee will be \$550.0	Trust Fund Contribution.
AME VARGAS, INGRID NAME TREET ADDRESS 5631 SHERIDAN ST HOLLYWOOD FL 33021  TILE AME TREET ADDRESS TREET ADDRES TREET ADDRESS TREET ADDRESS TRE					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TLE       Delete       TTLE       Change       AME         AME       STREET ADDRESS       STREET ADDRESS       CITY-ST-ZIP         TLE       Delete       TITLE       Change       AME         AME       Delete       TITLE       Change       AME         TLE       Delete       TITLE       Change       AME         TREET ADDRESS       STREET ADDRESS       CITY-ST-ZIP       Change       AME         TREET ADDRESS       STREET ADDRESS       CITY-ST-ZIP       Change       AME         TY-ST-ZIP       Delete       TITLE       Change       AME         TREET ADDRESS       CITY-ST-ZIP       CITY-ST-ZIP       Change       AME         TLE       Delete       TITLE       Change       AME         TREET ADDRESS       CITY-ST-ZIP       CITY-ST-ZIP       Change       AME         TLE       Delete       TITLE       Change       AME         TREET ADDRESS       CITY-ST-ZIP       CITY-ST-ZIP       Change       AME         TREET ADDRESS       CITY-ST-ZIP       CITY-ST-ZIP       CITY-ST-ZIP       Change       AME         TY-ST-ZIP       Delete       TITLE       Change       CITY-ST-ZIP         TLE<	AME TREET ADDRESS	VARGAS, INGRID 5631 SHERIDAN ST		NAME STREET ADDRESS	
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