Daytime Phone #

2003 FOR PROFIT CORPORATION

20 UN	003 FOF	R PROFI BUSINE		FILED Aug 11, 2003 8:00 am Secretary of State							
DOCU 1. Entity Nam	MENT #	P0000	0046042				Secreta 1 08-11-2003 90				₽
RJ RÁCIN			,				33 11 2002 1			, 0	
Principal Plac 18023 NW 78 MIAMI FL 330			Mailing Address 18023 NW 78 AVE. MIAMI FL 33015				1 1 5 T 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9 0114	(1111 ca (11 c	1878 (188 1 1 88 1	
2. Principal F	Place of Business		3. Mailing Address	·	<u> </u>						
Suite, Apt. #, etc. 6300 SW 186 WAY 6300 SW 1					Ay		CHECK HERE IF MAKING CHANGES				
South wi	EST DANCHE	SFL	Southwest 1	Pauchi		4. F	65-1000945			plied For t Applicable	1
33333	2 Cou	intry LUSA	33332	Coun	s'A	5. C	Pertificate of Status Desired		75 Add Required		
	6. Name and A	ddress of Current	Registered Agent		Name	7. N	ame and Address of New Re	gistered Ager	ıt	-	7
•	ROLANDO					§ (P.O. Bo	x Number is Not Acceptable)				-
18023 N V Miami Fl	<i>N</i> 78TH AVENUE 33015	77			- <u>-</u> .		· · · · · · · · · · · · · · · · · · ·	<u> </u>			1
2.7				-	City .			FL	Zip Code)	1
	named entity submitions of registered ac		r the purpose of changing	its registere	ed office or regist	ered age	nt, or both, in the State of Flor	da. I am famil	ar with, a	and accept	7
SIGNATURE	Palan	L aimes	1 40								
	Signature, typed or printed		and if applicable. (N	IOTE: Registere	d Agent signature requir	red when rein	nstating)	DATE			_
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							 Election Campaign Fina Trust Fund Contribution 	incling.		May Be to Fees	
10.		OFFICERS AND		11.		ADI	DITIONS/CHANGES TO OFFIC	ERS AND DIF	ECTORS	IN 11	1
TITLE NAME		MENEZ, ROLANDO		TITLE	E				Change	Addition	4 (10/02)
STREET ADDRESS CITY-ST-ZIP	10000 11 11 10111711000				STREET ADDRESS CITY-ST-ZIP						CR2E034
TITLE NAME			☐ Delete	TITLE	J				Change	☐ Addition] ਲ
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP						}
TITLE			☐ Delete	TITLE					Change	Addition	
NAME STREET ADDRESS					et address						
CITY-ST-ZIP			□ Delete	TITLE	-ST-ZIP				Change	Addition	4
NAME				NAME			***************************************				
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP						
TITLE		-	☐ Delete	TITLE					Change	Addition	
NAME STREET ADDRESS				NAME STREE	ET ADDRESS						
CITY-ST-ZIP				CITY-	ST-ZIP			·			
TITLE NAME			☐ Delete	TITLE NAME	ì				Change	Addition	
STREET ADDRESS CITY-ST-ZIP				STRE	ET ADDRESS ST-ZIP						
12. Thereby o	ertify that the inform	nation supplied with	this filing does not qualify	for the exer	notion stated in S	Section 1	19.07(3)(i), Florida Statutes. I f	urther certify the	nat the in	formation	1
indicated of the cor	on this report or sup poration or the recei	oplemental report is iver or trustee empo	true and accurate and that wered to execute this repovith all other like empowers	it my signat ort as requir	ure shall have the ed by Chapter 60	same le 07, Florid	gal effect as if made under or a Statutes; and that my name	th; that I am ar appears in Blo	officer o	or director Block 11 if	