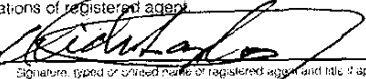
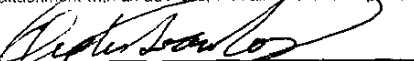


FILED
May 03, 2004 8:00 am
Secretary of State

94081926

DOCUMENT # P00000049480		05-03-2004 91025 025 ***150.00	
1. Entity Name FLORIDA MANAGEMENT OF MIAMI CORP.			
Principal Place of Business 10101 WEST OKEECHOBEE ROAD SUITE 5201 HIALEAH GARDENS, FL 33016		Mailing Address 10101 WEST OKEECHOBEE ROAD SUITE 5201 HIALEAH GARDENS, FL 33016	
2. Principal Place of Business 3000 CORAL WAY (Suite, Apt. #, etc.) 413		3. Mailing Address P.O. Box 112403 Suite, Apt. #, etc.	
City & State MIAMI FL.		City & State HIALEAH FL.	
Zip 33145		Zip 33011	
Country USA.		Country USA.	
6. Name and Address of Current Registered Agent SANTOS, AIDA R IDA 10101 WEST OKEECHOBEE ROAD SUITE 5201 HIALEAH GARDENS, FL 33016		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  President Aida R. Santos. 4/29/04. Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when transferring.)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD SANTOS, AIDA R 10101 WEST OKEECHOBEE ROAD SUITE 5201 HIALEAH GARDENS, FL 33016		TITLE NAME STREET ADDRESS CITY-ST-ZIP PD SANTOS, AIDA R. 3000 CORAL WAY #413 MIAMI FL. 33145.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 607, 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.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/29/04 (301) 4N-8705 Date Daytime Phone #	