2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** P00000087990

FILED Mar 14, 2003 8:00 am Secretary of State

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A. FEI Number Sp-3670498	· · · · · ·			<u></u>					
S. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. The Second 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 diffice or registered agent, or both, in the State of Florida. I am formitar with, and accept the dollgations of registered agent, or both, in the State of Florida. I am formitar with, and accept the dollgations of registered agent, or both, in the State of Florida. I am formitar with, and accept the dollgations of registered agent, or both, in the State of Florida. I am formitar with, and accept the dollgations of registered agent, or both, in the State of Florida. I am formitar with, and accept the dollgations of registered agent, or both, in the State of Florida. I am formitar with, and accept the dollgations of registered agent, or both, in the State of Florida. I am formitar with, and accept the dollgations of registered agent, or both, in the State of Florida. I am formitar with, and accept the dollgations of registered agent, or both, in the State of Florida. I am formitar with, and accept the dollgations of registered agent, or both, in the State of Florida. I am formitar with, and accept the dollgations of registered agent, or both, in the State of Florida. I am formitar with, and accept the dollgations of registered agent, or both, in the State of Florida. I am formitar with, and accept the dollgations of registered agent, or both, in the State of Florida. I am formitar with, and accept the dollgations of registered agent, or both, in the State of Florida. I am formitar with, and accept the dollgations of registered agent, or both, in the State of Florida. I am formitar with, and accept the dollgations of registered agent, or both, in the State of Florida. I am formitar	City & St	ate	City & State						
SPIEGEL & UTRERA, P.A. 343 AMERIA AVENUE CORAL GABLES FL 33134 8. The above named entity submits the 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 9 FILE NOW!!! FEE IS 5150.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MAKE STREET ADDRESS 1845 FEDINGTON DRIVE REPUBLISHED AND OFFICERS AND DIRECTORS IN 11 MAKE STREET ADDRESS 150.00 MAKE ABASE PEDINGTON DRIVE REPUBLISHED AND OFFICERS AND DIRECTORS IN 11 MAKE STREET ADDRESS 150.00 MAKE ABASE PEDINGTON DRIVE REPUBLISHED AND OFFICERS AND DIRECTORS IN 11 MAKE STREET ADDRESS 150.00 MAKE ABASE PEDINGTON DRIVE REPUBLISHED AND OFFICERS AND DIRECTORS IN 11 MAKE MALKOVA, LENKA MAKE STREET ADDRESS 150.00 MAKE ABASE PEDINGTON DRIVE REPUBLISHED AND OFFICERS AND DIRECTORS IN 11 MAKE MALKOVA LENKA MAKE STREET ADDRESS 150.00 MAKE MALKOVA LENKA MAKE STREET ADDRESS 150.00 MAKE MALKOVA LENKA STREET ADDRESS 150.00 MAKE STREET ADDRESS 150.00 MAKE MALKOVA LENKA STREET ADDRESS 150.00 MAKE MAKE MALKOVA LENKA STREET ADDRESS 150.00 MAKE MALKOVA LENKA STREET ADDR	Zip Country		Zip	Countr	try		_ \$9.75	Not Applicable	
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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 diffice or registered agent, or both, in the State of Florids. I am familiar with, and accept the colligiations of registered agent, or both, in the State of Florids. I am familiar with, and accept in the colligiations of registered agent, or both, in the State of Florids. I am familiar with, and accept in the colligiations of registered agent, or both, in the State of Florids. I am familiar with, and accept in the colligiations of registered agent, or both, in the State of Florids. I am familiar with, and accept agent age			The state of the s		-Name	7. Name and Address of New Re	gistered Agent	-	
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B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. SIGNATURE Grand Gr					- Oli Cet Address (I	F.O. Box Number is Not Acceptable)			
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2. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information		artify that the info-							

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

SIGNATURE: