2003 FOR PROFIT CORPORATION

SIGNATURE:

20 UN	003 F	FOR PROF	IT CORPOI	RATI	ION UBR	<u>)</u>	Ap	FII r 07, 20	ED 003 8:00 y of Sta	0 am	0285515
DOCU 1. Entity Nar	MENT	# P0100	0049268						y of Sta 27 030 ***150.		Ą
		VICE, INC.		/				4-07-2003 901	27 030 130.	00	
•					<u> </u>						
	Miram	ness ar Parkwayî.	3. Mailing Address 18455 Mirama	ar Pa	rkwa	У					
Suite, Apt. #, etc. 213			Suite, Apt. #, etc. 213				CHECK HERE IF MAKING CHANGES				
City & Star Mirama		FL	City & State Miramar	${ t FL}$			4. FEI Number 6	5-1104258		oplied For ot Applicable	┨
Zip 33029	<u> </u>	Country Broward	Zip 33029	Coun	try ward	_	5. Certificate of St	atus Desired	\$8.75 Add	ditional	
. —	6. Name	and Address of Current					7. Name and Add	ress of New Regis	stered Agent		1
	ez, emilio	~ 		~	Name		ner George				-
8181 NW 36TH STREET					184	55 M:	ramar Pa				
SUITE 31 MIAMI FL 33166					Suite 213 City						1
			the purpose of changing it	s registere		amar r registere	ed agent, or both, in	the State of Florida	<u> </u>	9	
_	tions of regist		SIDEUT G	1200	se M	016-1)		4/3/03		
SIGNATURE .	Signature typed	or printed name of registered agent a		TE: Registered	Agent signal	ture required	when reinstating)	<u> </u>	DATE		
Afte	r May 1, 200	FEE IS \$150.00 Fee will be \$550.00 Florida Department of	State					Campaign Financi nd Contribution.		0 May Be to Fees	
10.	<u> </u>	OFFICERS AND I		11.			ADDITIONS/CHA	NGES TO OFFICER	RS AND DIRECTORS	S IN 11	_
TITLE NAME	ARCHER, GEORGE T		Delete	TITLE NAME			sident		Change	Addition	(10/02)
STREET ADDRESS CITY-ST-ZIP	8181 NW 3 MIAMI FL 3	SETH STREET 33166		•	ET ADDRESS ST-ZIP	1845 Mira	5 Miraman mar FL	STE # 2	STE # 213		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6TH STREET	<page-header> Delete</page-header>						☐ Change	☐ Addition	85
TITLE	MIAMI FL 3	03 100	☐ Delete	TITLE		 	<u> </u>			Addition	}
NAME STREET ADDRESS CITY-ST-ZIP			*		ET ADDRESS ST-ZIP		4				
TITLE	<u>.</u>		□ Delete	TITLE	-				☐ Change	Addition	
NAME Street address City-St-Zip					T ADDRESS					·	
TITLE	i	<u> </u>	□ Delete	TITLE	ST-ZIP			_	Change	Addition	
NAME Street address City-St-Zip					T ADDRESS ST-ZIP		1				
TITLE NAME	1		☐ Delete	TITLE	<u></u>		•		☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP				STREE	T ADDRESS ST-ZIP						
12. I hereby of indicated of the corrections changed,	certify that the on this report poration or the or on an atta	information supplied with or supplemental report is a receiver or trustee emporechment with an address	his filing does not qualify fo true and accurate and that i vered to execute this report ith all other like empowered	or the exen my signatu t as require	nption stature shall hed by Cha	ted in Sec ave the sapter 607,	tion 119.07(3)(i), Flo ame legal effect as if Florida Statutes; and	rida Statutes. I furth made under oath; d that my name app	ner certify that the in that I am an officer bears in Block 10 or	formation or director Block 11 if	