DOCU	2 UNIFORM BUSI JMENT # P01000 me ENGINE MANAGEMENT, INC.	R)	FILED Apr 30, 2002 8:00 am Secretary of State 04-30-2002 90089 031 ***158.75						
Principal Pla 16452 NW 83 MIAMI LAKES	· · - · • -	Mailing Address 16452 NW 83 PLACE MIAMI LAKES FL 33016			1 / 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	18:8) 1:8:1 08:1: 40:1:	ESIN SENSI SNAJ SIJAS	11 00 (111) 8 (111 10 1 1)	í
1541 Suite, Apt	2. Principal Place of Business 15476 NW 77 CT. Suite, Apt. #, etc. 2. Principal Place of Business 3. Mailing Address 15476 NW Suite, Apt. #, etc. 4. 165			T. DO NOT WRITE IN THIS SPACE.					
City & Sta MIAM Zip 33011	LAKES, FL Country USA	City & State MIAMI LAKE Zip 33014	S, FL Country USA		FEI Number 65 - //09 Certificate of St	749 atus Desired	\$8.75 Fee Requ	Applied For Not Applicable Additional Jired	le
i .	6. Name and Address of Current Re EZ, PAUL N 83 PLACE KES FL 33016	Street Ad	20N2	ALE 2, Box Number is N	PAUL Not Acceptable)	jistered Agent			
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. SIGNATURE.									
9. This corpo	Signature, typed or printed name of registered agent and oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)			0 0.00	_10.=Election	Campaign Finan	cing \$5	00 May Be	_
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI	RECTORS Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres	dent	ralez Pines	ERS AND DIRECTO	- C /	B2E034 (0/04)
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.									
SIGNATURE: Tauly Tomaly 15 02 305 362 52 38 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date D									