

Secretary of State DOCUMENT # P01000085752 1. Entity Name 02-26-2007 90073 028 ***150.00 HUERTA CONSULTANTS & MANAGING GROUP, INC. Principal Place of Business Mailing Address 1224 SW 143 CT. 1224 S.W. 143 COURT MIAMI FL 33184 MIAMI FL 33184 2. Principal Place of Business - No P O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State 4. FEI Number 65-1134088 City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name A&P REGISTERED AGENT, INC. Street Address (P.O. Box Number is Not Acceptable) 2450 S.W. 137TH AVENUE SUITE 226 **MIAMI FL 33175** City 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, typed or printed name of registered agent and title i anniloable (NOTE Registerod Agon) signature required when reinstating FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. HRE Change ☐ Delete 1013 HUERTA, ANTONIO ☐ Addition HUERTA, ANTONIO NAMI 10690 SW 72 St 1224 SW 143 CT. STREET ADDRESS STREET ADDRESS MIAMI, FL 33173 MIAMI FL 33184 CITY-ST ZIP CHY ST 7IP ☐ Delete IINE Change ☐ Addition NAME NAM STREET ADDRESS STREET ADDRESS CITY ST ZIP CHY SI ZIP mar Delete 100 Change Addition NAME NAME STINET ADDRESS SHILL LADDRESS CITY ST-ZIP CHY ST ZIP HIII. ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET LADORESS CUY-ST-ZIP CITY ST-ZIP THE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHY-S1-ZIP ☐ Delete HHE ☐ Change Addition STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and a prizate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or truete compowered because 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 appears, with an other like empowered.

TONIO HUELTA.

SIGNATURE:

FILED

Feb 26, 2007 8:00 am