## FILED Mar 24, 2008 8:00 am Secretary of State

03-24-2008 90044 037 \*\*\*150.00

Mai Se	N	RPORATIO PORT	ROFIT CO		200
03-			000086866 c.	NT # P010 PERTIES, INC	1. Entity Name
el Circle	49 Kriste ort Rich 4668	EX 83558	173 <sup>.</sup> Lutz	AD	Principal Place of Bu 5305 EHRLICH RO TAMPA, FL 33625
02212008 No		THIS SPA	DITE		
4. FEI Number 59-3742115 5. Certificate of Statu		I HIS SPA			
Ja. Certificate of State		Agent 1	s of Current Registere	Name and Address	<u> </u>

Mick, Jamie M 8249 Kristel Circle

Port Richan, FL

HERNANDEZ, RAMON 17318 BRIDDEPATH COURT LUTZ, FL 33558

Change to

40050388

22212008 No Chg-P CR2E034 (11/05)

FEI Number | Applied For

Not Applicable

**BNI** BNE

5. Certificate of Status Desired 

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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										
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finant     Trust Fund Contribution.		00 May Be ed to Fees						
10.	OFFICERS AND DIREC	CTORS			***************************************	D#Y (14) (15) (15)				
TITLE	PS				•	34 E				
NAME					·	44				
STREET AODRESS	6985 ÇARR. 187, PINE GROVE CON	OO 46B								
CITY-ŠŤ-ŽIP	CAROLINA, P.R. 00979,		4.5	. 1	8.					
TITLE	VT									
NAME atoms and and	HÉRNANDEZ, MARIA CAROLINA									
Street address City-St-Zip	19105 HARBOR COVE CT		***							
	LUTZ, FL 33558		The second secon							
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STREET ADDRESS			* * * * * * * * * * * * * * * * * * *		_ 4					
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NAME I										
STREET ADDRESS CITY-ST-ZIP				*		Prof.				
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 eath; 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.										