

SIGNATURE:

FILED DOCUMENT # P02000015270 Apr 30, 2005 08:00 AM Secretary of State DONZI 23, INC. Principal Place of Business Mailing Address 18400 SW 127TH AVENUE 12782 SW 218 TERR. MIAMIL FL 33177 MIAMI, FL 33178 04142005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 42-1632776 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DUARTE, PETER DO NOT WRITE **18400 SW 127TH AVENUE** MIAMI, FL 33177 IN THIS SPACE . 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. Signisture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE PSTD NAME DUARTE, PETER **18400 SW 127TH AVENUE** STREET ADDRESS CTTY-ST-ZIP MIAMI, FL 33177 TITLE NAME STREET ADDRESS U00000348845 05/02/05-80042-016 150.00 CITY-ST-ZIP TITI F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. It 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 indicated on this report or supplymental report Istrue 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 of 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 apparess, with appears with appears in Block 10 or Block 11 if

Date

Daytime Phone #

D TYPED OR PRINTED HAME OF SIGNING OFFICER ON DIRECTOR