Check must be payable in United States Funds and through a United States Funds and through a United States

Make check payable to Florida Department of State.

	,	RUCTIONS	ITSNI	TNATROAMILIED	
Principal Plac 9835 SW 72 MIAMI FL 3	2ND 51.	Mailing Address . 9835 SW 72ND ST. MIAMI FL 33173		LNVLHOMW, FILED Feb. 10, 2007 08:00 AM Secretary of State	
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address			
Suito. Apt. #, etc.		Suito, Apt. #, etc.		1st MOORE . CR2E034 (10/06)	
City & State	0	City & State		4. FEI Number 02-0606437 Applied For Not Applicab	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Curren	t Registered Agent	<del> </del>	7. Name and Address of New Registered Agent	
ODIO, ROBERTO			Namo		
983	5 SW 72ND ST. .MI FL 33173		Street /	Address (P.O. Box Number is Not Accoptable)	
(	M411 1 L 00110			·	
			City	FL 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					
FILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee Will Be \$550.00  Make Check Payable to Florida Department of State  9. Election Campaign Financing Trust Fund Contribution.  Added to Fees					
10.	FILE NOW!!! FEE IS \$150.00  Ifter May 1, 2007 Fee Will Be \$550.00  heck Payable to Florida Department of State  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  PODIO, ROBERTO 9. Election Campaign Financing Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  PODIO, ROBERTO 9835 SW 72ND ST.  STRIEL ADDRESS O1/27/07-80042-011 150.00  Delete  10111  Delete  10111  Change Addition				
mu	'	☐ Delote	***	☐ Change ☐ Addilio	
NAME STREET ADDRESS				U00000638713	
CITY-SI-7IP				02/27/07-80042-011 150.00	
TITLE.		☐ Delete	IIIL	Change Addition	
NAME. SIRECT ADDRESS			NAME. STREET ADDRESS		
CITY-S1-7IP			CITY-ST-ZIP		
HILE		☐ Delele	JITLE	Change Addition	
NAMI GIBLLI ADDOLGO			NAMI.		
STREET ADDRESS CITY-S1-719			STREET ADDRESS CITY-ST-7IP	•	
INTE.		□ Delele	TOTAL.	Change Addilic	
NAME			NAME:		
STREET ADDRESS CUTY-ST-ZIP			STREET ADDRESS CITY-ST-71P		
TITE:		Delete	JISU	Change Addition	
NAMI'			NAME.		
STREET ADDRESS			STREET ADDRESS		
CITY-SI-ZIP		Delele	CHY-S1-7IP	Change Addille	
NAME.		L_1 Delete	NAME:		
STREET ADDRESS			STREET ADDRESS		
Cify-SI-/IP	cortify that the information cumplind is	ith the filing door not qualify	for the exemptions	s contained in Section 119 Florida Statutes 1 further cortify that the information	
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 accurate and that my signature shall have the same legal effect as if made under eath; that I am an efficer or director of the corporation or the receiver of 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 attackment, with an address, with all other like empowered.					
SIGNATURE: 2-13-07  SIGNATURE: Description of Printing Name of Stown Officer on Difference District On					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Data 7 Disputes Product #					