## FOR PROFIT CORPORATION

## FILED Apr 17, 2006 08:00 AM Secretary of State

DOCÉMENT # P02000059721 1. Entity Name  DO NOT WRITE IN THIS SPACE 2. Principal Pages of Suskiness 3. Mailing Address 3200 E 8.VV. 3200 E 8.VV. 3200 E 8.VV. 3200 E 8.VV. 3210	ONIFORM BUSINESS REPORT (UBR)				Secretary of State	
DO NOT WRITE IN THIS SPACE  2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc.  DO NOT WRITE IN THIS SPACE  Suite, Apt. #, etc.  DO NOT WRITE IN THIS SPACE  A. FEI Number   Applied For Met Applicable   92.0575135   Net Applied For Met Applicable   92.0575135   Net Applicable   92.0575135   Net Applicable   92.0575135   Net Applicable   93.0575135	DOCUMENT	<del> </del>	<del></del>			
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Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  A. FEI Number  Support Suite  Applied For Not Fee Required  Applied For Not Fee For Not Fee Fee Required  Applied For Not Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe		Business	3. Mailing Address		32	
## Country Zip Country S. Certificate of Status Desired \$1,000 NOT WRITE ## Status Of Finding I am project you've stat			Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
Zip 32013-2843  DO NOT WRITE IN THIS SPACE  The above named entity stimpts this stement for the purpose of changing its registered agent, or both, in the State of Florida! am many many street address of Current Registered agent, or both, in the State of Florida! am many street address of Current Registered agent, or both, in the State of Florida! am many street address (P.O. Box Number is Not Acceptable)  BARBARA ORTIZ  BARBARA ORTIZ  BARBARA ORTIZ  BARBARA ORTIZ  January 1 - May 1 Fee is \$150.00  After May 1 Fee is \$503.00  After May 1 Fee is \$150.00  Aft			City & State		\	
The above named entity of the state of the purpose of changing its registered agent, or both, in the State of Florida! am family for the purpose of changing its registered agent, or both, in the State of Florida! am family for the purpose of changing its registered office or registered agent, or both, in the State of Florida! am family for the purpose of changing its registered agent, or both, in the State of Florida! am family for the purpose of changing its registered office or registered agent, or both, in the State of Florida! am family for the purpose of changing its registered office or registered agent, or both, in the State of Florida! am family for the purpose of changing its registered office or registered agent, or both, in the State of Florida!  Signature Suppose of the purpose of changing its registered office or registered agent, or both, in the State of Florida!  Analy 1 - May 1 Fee   st \$10.00		Country	Zip	Country		
DO NOT WRITE IN THIS SPACE    Company   Compan	33013-2843		de de la constant	Station and		<del></del>
8. The above named entity attempts this satement for the purpose of changing its registered office or registered agent, or both, in the State of Floridad I am family with and accept the obtigations of registered agent.  SIGNATURE  Signature Typed of pickled namefol registered agent and title if sopicable. (NOTE Registered Agent signature required when reinstains) DATE  January 7 May 7 Fee is \$170.00  After May 1, Fee is \$550.00  After May 1, Fee is \$500.00  After May 1, Fee i				Name ORTIZ, BARI Street Add	ARBARA Address (P.O. Box Number is Not Acceptable)	
8. The above named entity attemys this selement for the purpose of changing its registered office or registered agent, or both, in the State of Florida I am rampler with and special the ebitgations of registered agent.  SIGNATURE Signatus types of privide nameful registered agent and title if sopticable.  SIGNATURE Signatus types of privide nameful registered agent and title if sopticable.  SIGNATURE Signatus types of privide nameful registered agent and title if sopticable.  MARY 1 Fee is \$150.00  After May 1 Fee is \$150.00  After May 1 Fee is \$550.00  After May 1 Fee is \$1310.00  After May 1 Fee is \$1310.00  After May 1 Fee is \$150.00  After May 1 Fee is \$100.00				City		Zip Code
SIGNATURE    Signature   Trick   Parable   Par		/ // X		MIAMÍ	<del>-</del> -	33015
10.	Signature, oped or printed name of registered agent and title if applicable. (NOTE: Regis  January 1 - May 1 Fee is \$150.00  After May 1, Fee is \$550.00  Amended USR is \$61.25				9. Election Campaign Financing	g) DATE \$5.00 May Be
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19 I haraby contify that the information complied with this filled does not explicate the groundless related in Continue 440 07(00). The day of the	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRES CITY-ST-ZIP		
12. I 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	12. I hereby certify that	the information supplies	ed with this filing does not	qualify for the exemption	stated in Section 119.07(3)(i), Florida St	stutes. I further
certify that the Information Indicated an 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 office 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 on an attachment with an address, with all other like empowered.	as if made under oa	ith; that I am an office	or director of the corporat	tion or the receiver or trus	stee empowered to execute this report as	required by

BARBARA ORTIZ, PRESIDENT

YELD OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/2006

Date

(305) 691-4795

Daytime Phone #