FILED Mar 20, 2008 8:00 am Secretary of State 03-20-2008 90041 033 ***150.00

2008 FOR PROFIT CORPORATION

		A	<u> 1NU</u>	<u> AL</u>	. RE	PORT			_				
DOCUMENT # P02000080800 1. Entity Name ORVESA LTD OF FLORIDA INC											50	0009	n A n
Principal Plac	ce of Busines				Mai	ling Address		-	\dashv		JU	uuua	140
9400 SOUTH DADELAND BLVD					9400 SOUTH DADELAND BLVD			n					
SUITE 601				SUITE 601			J	ł					
MIAMI, FL 33156				MIAMI, FL 33156									
										 			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address									
Suite, Apt. #, etc.					uite, Apt. #, etc.			01102008	Chg-P	CR2EC	34 (12/06)		
City & State				<u> </u>	ty & State			4. FEI Numb 55-078				pplied For ot Applicable	
Q /t	Country				Zīp Country			ntry	5. Certificate	of Status Desired		\$8.75 Ad Fee Require	
*	6. Name and Address of Current I								7. Name and	Address of New	Registered .	Agent	
AL ENTAD	O ARTTO	NIO E						Name					
ALENTADO, ANTONIO F 9400 SOUTH DADELAND BLVD							Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
SUITE 601				,				order Acceptable)					
MIAMI, FL 33156													
								City			P-1	Zip Cod	le
								1			<u>FL</u>	. '	. ,
8. The above the obticat	named enti tions of regis	ty submits th tered agent.	ils statem	ent for	r the pu	rpose of changing its	s register	ed office or regis	tered agent, or bo	th, in the State of F	lorida. I am	familiar with,	and accept
u to congan	2012 01 10 g 10	norda agora.											
SIGNATURE.	M	d or printed name											
	signature, types	or printed name	or registered	agent s	rvq ililə k e	ipplicable. (NO	TE: Registere	ed Agent signature requ	ired when reinsteling)		DATE		
		FEE (S \$ 8 Fee wil			o	9. Election Cemps Trust Fund Con			5.00 May Be dded to Fees				
10.		. 0	FFICERS	AND	DIRECT	ORS	11.		ADDITIONS	CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11
TITLE	D					Delete	nn.	E				☐ Change	Addition
NAME	NEIRA, J						NAM						
STREET ADDRESS CITY-ST-ZIP	MIAMI, F	27 AVE ST	TE 203					EET ADORESS /-ST-ZIP					
	MIAMI, F	L 33133					-						
TITLE						Delete	TITL	-				Change	Addition
NAME STREET ADDRESS							NAM	RE Eet adoress					
CITY-ST-ZIP								-ST-ZIP					
TITLE	 					☐ Délete	าก			<u> </u>		☐ Change	☐ Addition
NAME			-			C Descis	1110	1				CT CHANGE	AUU4IUI
STREET ADDRESS	!							EET ADDRESS					
CITY-ST-ZIP							CITY	r-ST-ZIP					
TITLE	1					☐ Delete	TITL	E				Change	☐ Addition
NAME							NAM	E				_ •	
STREET ADDRESS							9	EET ADORESS					
CITY-ST-ZIP	ļ						CITY	'-ST-ZIP					
TITLE	ł					☐ Delete	πυ					Change	☐ Addition
NAME							NAM						
STREET ADDRESS CITY+ST-ZIP	}						1	EET ADORESS					
	 						-	'-ST-ZIP				m -	<u>.</u>
TITLE NAME						☐ Deletz	TITL NAM					Change	☐ Addition
STREET ADDRESS	1			^	_			EET ADDRESS					
			1	Γ.,	, N	\		-ST-ZIP					
CITY-ST-ZIP			/		├ ──┼	1			and in Chanter 111). Florida Statutes	l frank an and		oformation .
	certify that th	e informatio	n`supplie⁄	d with	khis filir	10/ DOSS ∩ OX CILISIN V T					I IUI III AF CAN	ity that the i	
	certify that the	ie information ort or suppler	n supplied nental rep	d with	this filir	d accurate and that	my signa	ture shall have th	ne same legal effer	at as if made under	ceth; that I	ity that the i	or director
	certify that the lon this reportion or to or on an att	ie information int or suppler he receiver of achigent with	n`suppliek meiglal rep or trustee n an addr	d with aprilis empo ess, v	this filir true an weredit vith all ¢	d accurate and that to execute this repor ther like empowered	my signa t as requi	ture shall have the	ne same legal effe 307, Florida Statute	et as if made under is; and that my nan	oath; that I a	ity that the i im an office n Block 10 o	or director r Block 11 if
12. I hereby (indicated of the cor changed	_	e Information ort or suppler he receiver of achinent with	n`suppliek mental rep or trùstee h an addr	d with aprit is empc ress, v	this filtr true an wered it with all c	nd does not qualify f diaccurate and that to execute this repor ther like empowered	my signa t as requ	ture shall have the	ne same legal effe 307, Ronda Statute	it as if made under is; and that my nan	oath; that I a ne appears i	aty that the i am an office n Block 10 o	or director r Block 11 if
	_		ON V	1	eur	Y	_		ne same legal effe 807, Ronda Statute				or director r Block 11 if
12. I hereby of indicated of the corchanged	_		n'supplied mental rep or trustee th am accor ()	1	eur	or does not quality if di accurate and that to execute this repor ther like empowered this or signing officer	_		ie same legal effe 307, Florida Statute	ot as if made under se; and that my name		ary that the intermediate and office in Block 10 o	or director or Block 11 if