FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED Apr 28, 2003 8:00 am Secretary of State

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Surie, Api #, etc. Suite, Api #, etc. Suite, Api #, etc. DO NOT WRITE IN THIS SPACE	2. Principal Place of Business 3. Mailing Address			SS	- 			
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MIAMI, FLORIDA Zight	Suite, Apt.	#, etc.	Suite, Apt. #. e	IC.	DO NOT WHITE IN THIS	DO NOT WRITE IN THIS SPACE		
Street Address of Current Registered Agent				RIDA	4. FEI Number 74-3047909	 		
DO NOT WRITE IN THIS SPACE Street Address (P.O. Box Number is Not Acceptable)					5. Certificate of Status Desired	\$8.75 Additional Fee Required		
DO NOT WRITE IN THIS SPACE City City FL Zio 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 Syncars, hyador presed eyer of registered agent are at approach. Visionary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended URB is \$61.25 Make Chieck Poyable to Florida Department of State 10. OFFICERS AND DIRECTORS Make Chieck Poyable to Florida Department of State 10. OFFICERS AND DIRECTORS Make Chieck Poyable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE MAKE STREET NOMESS CITY-ST-2P TITLE MAKE STREET ADDRESS CITY-ST-2P STREET ADDRESS STR		7	- 1	Name	7. Name and Address of Current Registered Agent			
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 Signature		DO NOT V	WRITE		ddress (P.O. Box Number is Not Acceptable)			
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 Speakers, speed or priced name of registered agent and life if appeable. (NOTE Registered Agent expeature required when recediting) After May 1, Fae is \$150.00 After May 1, Fae is \$550.00 After May 1, Fae is \$550.00	. Ne	IN THIS S	PACE					
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SIGNATURE Squared, speed or present name of registered agort and tall # Approachie. (NOTE: Registered Agort signature required within remotation). January 1 - Máy 1 - Foe Is \$150.00 After May 1, Foe Is \$550.00 Amended - UBR Is \$61.25 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE NAME SITRET ADDRESS CITY-ST-ZP SITRET ADDRESS C			nt for the purpose of cha	nging its registered office or	<u> </u>	amiliar with, and accept		
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12. I hereby certify that the information supplied with this filting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information		certify that the information currents	with this filing door set a		od in Spetian 110 07/2Vi) Elevida Statutan I further and	ify that the information		

attachment with an address, with all

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MINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/03

786-229-9096

Daylime Phone #