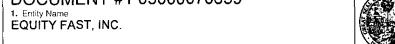
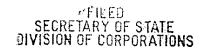
## 2004 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT # P03000070639





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Principal Place of Business 7619 N.E. 3RD COURT MIAMI, FL 33138			Mailing Address P.O. BOX 530367 MIAMI, FL 33153			BEING	STATE	VENT	0	4
			, -							
2. Principal Place of Business			3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			REIN-P	CR2E09	8 (6/04)	MRS
City & State			City & State	City & State			OS 18/	40	<del></del>	plied For t Applicable
Zip Country			Zip	Zip Country		5. Certificate	e of Status Desired		8.75 Add e Required	
6. Name and Address of Current Registered Agent					Name	7. Name and Address of New Registered Agent				
-AMEDA, MARC 777 N.E. 160TH TERRACE MIAMI, FL 33162					Street Address (P.O. Box Number is Not Acceptable)					
			•	•				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										
	Signaret, Opinio	er printed harrie of registered ag	The state of the s		rea vident and upon hade		,	67510		
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00							In accordance corporation did	not receive	the prior r	notice.
10.	OFFICERS AND DIRECTORS  Delete				E	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition				
NAME STREET ADDRESS CITY-ST-ZIP	AMEDA, I 777 N.E. MIAMI, FL	L. Defett	NAME STREET ADDRESS CITY-ST-ZIP							
TITLE			☐ Delete	TITL				, , , , , , , , , , , , , , , , , , ,	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	. "	•		NAM STRE						
TITLE NAME	- Delete			TITL	l l	☐ Change ☐ Addition				
STREET ADDRESS CITY+ST-ZIP				STR	IEET ADDRESS Y-ST-ZIP		-			
TITLE			Delote	TITL	.E				_] Change	Addition -
STRECT ADDRESS CHY-S1-ZIP		•	. •	STR	EET ADDRESS Y-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			12.	<b>500004</b> 709/04010	32'9E 12000:	] Change *★:[	3 Addition 50. 00
FITLE NAME STREET ADDRESS CHY-SI-ZIP			☐ Delete	TITL NAA STR	E .		,		Change	Addition
12. I hereby certify that the information supplied with this filing 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 supplemental report is true 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 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 attachment with an address with all other like empowered.  SIGNATURE:  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Da										
		SIGNATURE AND TYPED	OF FRANCED HAME OF SIGNING OFFICE	TH OH DINE!	V 1 V 0		1,70107	, Day	MICLIONE #	l l