

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

DOCUMENT # P03000097024

**Mailing Address**  
**1390 BRICKELL AVE STE 200**  
**MIAMI, FL 33131**

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

Zip

Country

Chg-P

CR2E034 (10/03)

4. FEI Number

X	Applied For
	Not Applicable

### 5. Certificate of Status Desired

☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**9. Election Campaign Financing Trust Fund Contribution.**

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<b>S</b>	<b>Alvaro Castillo</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME		<b>1390 Brickell Avenue, Suite 200</b>		
STREET ADDRESS		<b>Miami, Florida 33131</b>		
CITY-ST-ZIP				

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-220C/ (305) 371-1540

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_