2004 FOR PROFIT CORPORATION

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FILED Aug 23, 2004 8:00 am Secretary of State

Principal Place of Business 1800 SW 1 STSE 317 1800	1. Entity Name	MEN I: # PU30001256 EST INTERNATIONAL MED)	08-23-200	04 90027 0	102 ***1	158.75
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Substitution Subs	7/	5 :	7/5		07022004	Chg-P	CR2E034	(10/03)	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 1980 6. What is a supplied to the purpose of changing its registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of rights with this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of rights agent and the in agriculture. FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 9. Election Comptign Financing Trust Fund Combibition. 10. OFFICERS AND DIRECTIONS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 10. OFFICERS AND DIRECTIONS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 10. OFFICERS AND DIRECTIONS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 10. OFFICERS AND DIRECTIONS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 10. OFFICERS AND DIREC	Hiale	ah It	Hialeah	FL			743	No	t Applicable
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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 STATE	1800 SW-1	JIS ST STE 317 14752 S 33135 Migmi, F	(P.O. Box Number is Not Acceptable)						
8. The above named onthly submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOWILI FEE IS \$150.00 Due by September 8, 2004 Prust Fund Contribution. Addition to the purpose of Changing Is registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of control of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of corporation did not receive the prior notice. FILE NOWITI FEE IS \$150.00 Delete ITLE Delete ITLE Delete ITLE Delete ITLE Delete ITLE Delete ITLE									
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Trust Fund Contribution. Added to Fees Corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE DP		Signature, typed or printed name of registered agent and	d tide if applicable. (NOTE: Re	gistered Agent signature requir	ed when reinstating)		DATE		
TITLE JUNETE, LUIS JUNETE, LUIS JUNETE, LUIS JUNETE, LUIS JUNETE, STEEP ADRESS CITY-ST-ZP MANAGE STREET ADDRESS CITY-ST-ZP JUNETE, STREET ADDRESS CITY-ST-ZP JUNETE, LUIS JUNE				~ ~ ~		In accordance corporation did	with s. 607.1 I not receive t	93(2)(b), the prior i	F.S., the notice.
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NAME STREET ADDRESS CITY-ST-ZIP 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 supplemental reports 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:	name Street address		C) Delete	NAME STREET ADDRESS		vu suudah u]	☐ Change	Addition
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF DIRECTOR Date Daytime Phone #		URE: X			Section 119.07(3) e same legal effec 07, Florida Statute	i), Florida Statutes, it as if made under s; and that my nar			nformation or director r Block 11 if