FL DP+ of State

2007 FOR PROFIT CORPORATION

FILED Apr 20, 2007 08:00 AM Secretary of State

AITHOAL ILLI OILL		
DOCUMENT # P0300 1. Entity Name TRADEMARK MANAGEMEN	•	
Principal Place of Business 3492 W 84 ST. #110	Mailing Address 3492 W 84 ST. #110	
HIALEAH, FL 33018	HIALEAH, FL 33018	



04162007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0488447 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VEGA, JOSE DO NOT WRITE 7927 W 34 LANE HIALEAH, FL 33018 IN THIS SPACE

8. The above named entity mits 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

or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00

9. Election Campaign Financing

\$5.00 May Be Added to Fees

 \Box Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PS TITLE VEGA, JOSE NAME 7927 W 34 LANE STREET ADDRESS U00000718984 05/01/07-80042-024 150.00 CITY-ST-ZIP HIALEAH, FL 33018 TITLE VEGA, CYNTHIA NAME 7927 W 34 LANE STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33018 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THILE NAME STREET ADDRESS CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 trusted impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

FRED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylime Phone #