2007 FOR PROFIT CORPORATION

FILED Jan 18, 2007 08:00 AM ıte

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DOCUME			S	ecretary of Sta		
1. Entity Name ANGEL PUE)				
Principal Place of E	Business	Mailing Address		1		
8001 SW 12TH S	Т.	8001 SW 12TH ST.				
MIAMI, FL 33144	1	MIAMI, FL 33144				
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DO	NOT WRITE	IN THIS SPA	CE	4. FEI Numb	er	Applied For
	grand to the state of the state		4	20-235	9994	Not Applicable
	Bertalite was a second passed			5. Certificate	of Status Desired	\$8.75 Additional Fee Required
6.	. Name and Address of Current Re		1	h is hos	· · · · · · · · · · · · · · · · · · ·	1
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8001 SW 12TH ST			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		NOT W	
MIAMI, FL 33	144		, Bu	"∹IN⊩"	THIS SP	ACE.
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	ed entity submits this statement for th	ne purpose of changing its registe	red office or registe			
(1)	of registered agent					elula
SIGNATURE XI	ture, typed of printed name of refistered agent and	title if applicable. (NOTE: Register	red Agent signature require	ed when reinstating)		DATE .
	•	0.51			Landido	ت، وشريس, رشاء بحتريس, يحر
FILE No After May 1	0W!!! FEE IS \$150.00 , 2007 Fee will be \$550.00	9. Election Campaign Fina Trust Fund Contribution		5.00 May Be ded to Fees	01/18/07)\$90\$63 -80061-088 15060
10.	OFFICERS AND DI	RECTORS	,	······································	,	
TITLE PSI				F . 3,		AND THE RESERVE OF A STATE OF A S
	ENTES, ANGEL 01 SW 12TH ST.			and the second second		The second secon
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NAME Street address						
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TITLE			10.14	IN:	THIS SP	ACE
NAME STREET ADORESS			1000	i a region		
CITY-ST-ZIP						
TOTAL						4.6
TITLE				·	** ** ** ** ** **	er transfer en
NAME STREET ADDRESS		-		the second	San Andrews	

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 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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/07.

305-444-1953

Daytime Phone #