## **2006 FOR PROFIT CORPORATION**

SIGNATURE: ≤

KEINSTATEMENT									
DOCUMENT # P04000030492									
1. Entry Name					8	FILED			
RENE CHAVEZ, INC.					9	_			
					_	06 JUN -2 PM 4:1	-		
Principal Place of Business Mailing Address					SECRETARY OF STATE TALLAHASSEE, FLORIDA				
1840 FLORIDA CLUB CIR. STE 5104   1840 FLORIDA CLUB CIR. STE   NAPLES, FL 34112   NAPLES, FL 34112			IR. STE	5104		TALLAHASSEE, FLOR	ĺĎΑ		
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Principal Place of Business     3. Mailing Address									
2. Principal Place of Business 3. Mailing Address 3.230 605			56)		EE   :		EB  1   SS		
Suite, Apt.	Suite, Apt. #, etc.			U 05252006	REIN-P CR2E098	・・ <i>CO</i> )。 : (11/05):	96		
City & State / City & State /					4. FEI Numb			plied For	
NAPles - FL		City & State / FL		<u> </u>	4. FEI NUITE	-0796732	Not	t Applicable	
34110	Country	Zip 34/16	Coun	dry <b>7</b>	5. Certificate		<b>B.75</b> Addi e Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
Name Name									
CHAVEZ, RENE 1840 FLORIDA CLUB CIR. STE 5104				Street Address (P.O. Box Number is Not Acceptable)					
NAPLES, FL 34112									
				City	_	FL	Zip Code	)	
The above	named tarrity submits this statement to	The purpose of changing its	ragistor	ad office or regis	stored agent, or be		niliar with	and accont	
8. The above named entity submits this statement to 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.									
SIGNATUREY / Kene Chavez 5/21/06									
SIGNATURE Signature, typool in priested rame of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating)  1)A1F:									
FILE NOW!!! FEE IS \$300.00						In accordance with s. 607.1 corporation did not receive			
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS	/CHANGES TO OFFICERS AND D	IBECTORS		
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NAME	ME CHAVEZ, RENE NA				900/h			į	
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Chartes 110 Clarks 110 Clarks 110 Clarks 110 Clarks 2 further agrifus that the information									
12. Thereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes. Turner certify flat 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 expedie 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.									
Col. Challes									
SIGNATURE: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \									