		2006 FOR PROFIT CORPORATIO	N	FILED Feb 13, 2006 08:00 AM Secretary of State
SOBD SELEVELAND AVENUE FORT MYERS, FL 33007 SOBD SELEVELAND AVENUE FORT MYERS, FL 33007 DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE DOBO NOT WRITE IN THIS SPACE DOBO NOT WRITE IN THIS SPACE NORELEZ, LOU 3003 SCLEVELAND AVENUE FORT MYERS, FL 33007 Antonio Status Distance Totaling of Status Distance Totaling of Status Distance Total of Total of Total of Status Distance Total of Total	1. Entity Nam	e		
	5050 S.CLEVELAND AVENUE 5050 S.CLEVELAND AVENUE			
MORELEZ, LOU SOSD SCIEVELAND AVENUE FORT MYERS, FL 33907 DO NOT WRITE IN THIS SPACE 8. The above named entity admits this statement for the purpose of changing its registered differ or registered differ or registered differe or	D		CE	90-0170785 Not Applicable 5 Certificate of Status Desired \$8.75 Additional
2.10-02 StickAtture: 2.10-02 StickAtture: 2.10-02 Dotte: StickAtture: StickAtt	5050 S.CL	, LOU EVELAND AVENUE		
After May 1, 2005 Fee with be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS Intel MoRALEZ, LOU INEL MORESS 5050 S.CLEVELAND AVENUE UD00000431349 CIT-st-12 FORT MYERS, FL 33907 U2/23/UG - 80024-020 150.00 INL Make SIRELADDRESS UD00000431349 SIRELADDRESS GONT ST-12 DO NOT WRITE INL Make SIRELADDRESS UD00000431549 UNIT St-12 FORT MYERS, FL 33907 U2/23/UG - 80024-020 150.00 INL Make SIRELADDRESS UD0 NOT WRITE INL Make SIRELADDRESS UD0 NOT WRITE INTEL MORESS	the obligati	ions of registered agent.		2.10.06
INLL D MMK MORALEZ, LOU MORALEZ, LOU	FiL After Ma			.00 May Be led to Fees
Intle MAGE STREET ADDRESS CitY-ST-ZP Intle MAGE STRET ADDRESS CitY-ST-ZP Intle MAGE STREET ADDRESS CitY-ST-ZP Intle MAGE STREET ADDRESS CitY-ST-ZP Intle MAGE STREET ADDRESS <tr< td=""><td>TITLE NAME STREET ADDRESS</td><td>D MORALEZ, LOU 5050 S.CLEVELAND AVENUE</td><td></td><td>U00000431349 U2/23/06-80024-020_150.00</td></tr<>	TITLE NAME STREET ADDRESS	D MORALEZ, LOU 5050 S.CLEVELAND AVENUE		U00000431349 U2/23/06-80024-020_150.00
NMAE STREEL ADDRESS DO NOT WRITE INLE INLE IN THIS SPACE INLE IN THIS SPACE IN THIS SPACE INLE INTE IN THIS SPACE INLE INTE IN THIS SPACE INLE INTE INTE INTE INTE INDUCTION OF DUPUTION SUPPlied with this filing does not quality for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the information of the information of the corporation or the receiver or insete and that my signature shell have the same legal effect as it made under oath, that I am an officer or director of the corporation or the receiver or insete empowered to execute the information of the corporation or the receiver or insete empowered to execute the empowered. SIGNATURE: It on th	NAME STREET ADDRESS CATY-ST-ZIP			
STREE ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME SIMEET ADDRESS CITY-ST-ZIP TITLE NAME SIMEET ADDRESS CITY-ST-ZIP T2. I hereby certify that the information supplied with this filing does not quality 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 it 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 changed, or on an attachment with an effects. With all other life empowered. SIGNATURE: SIGNATURE: 2. 10:06 239-278-1687	NAME STREET ADDRESS CITY-ST-ZIP THILE	· · · · · · · · · · · · · · · · · · ·		
STREET ADDRESS GTY- ST-ZTP TITLE NAME SINEET ADDRESS GTY- ST-ZTP T12. I hereby certify that the information supplied with this filing does not quality 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 it made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this Teport as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other title empowered. SIGNATURE:	STREET ADDRESS CITY-ST-ZIP TITLE	·	-	
STREET ADDRESS GITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality 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 it made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this Teport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other tild empowered. SIGNATURE:	STREET ADDRESS CITY-ST-ZIP NILE		-	
SIGNATURE: 2.10.06 239-278-1682	STREET ADDRESS CHTY-ST-ZIP	erify that the information supplied with this filling does not quelity for the ex on this report or supplemental report is true and accurate and that my sions	emplions container	d in Chapter 119, Fiorida Statutes. I further certify that the information same legal effect as if made under oath, that I am an officer or director
SIGNATURE AND THED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Date		1 HC		2.10.06 239-278-1682