## 2005 FOR PROFIT CORPORATION

FILED May 03, 2005 8:00 am Secretary of State

DOCUMENT # P0400093475  NORMAN AV CORP.  Procedul Pace of Pictrions 121 ALMARISER PLAZA 101H FLOOR CORAL GABLES, FL 33134  2. Principal Pace of Business  Suite, April •, etc.	ANNUAL KEPUKI					Secretary of State				
127 ALHAMBRA PLAZA 101H FLOR CORAL CABLES, FL 33134  2. Principal Page of Business  Suite, Act. 4, rot.  Suite, Act. 4, rot.  Suite, Act. 4, rot.  City & State  City & St	1. Entity Name	9	{		05-03-2005 90158 036 ***150.00					
Suito, Apt. 4, otc.  Suito, Apt. 4, etc.  City A State  South Interest of Storius Desired   Status Desired   Status Desired Desired   Status Desired Desired   Status Desired   Status Desired   Status Desired Desired   Status Desired   Status Desired Desired   Status Desired Desired   Status Desired   Status Desired   Status Desired   Status Desired Desired   Status	121 ALHAMB	RA PLAZA 10TH FLOOR	121 ALHAMBRA PLAZA 10TH FLOOR		20055015					
City & State  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Size  Country  Size Confided of State Desired  Size Applicable  Size Address (P.O. Box Number is Not Address of New Registered Agent  Name  DAVIS, STEVEN M ESQUIRE  BECKER & POLIANOPF, P.A.  121 ALHAMBRA PLAZA 10TH FLOOR  CORAL CABLES, FL. 33134  City  FL. Zip Code  8. The above named entry submits this statement for the purpose of changing its registered difference agent. Or both, in the State of Florida. I am familiar with, and accept diversity of registered agent.  SIONATURE  Size Address (P.O. Box Number is Not Address of New Registered Agent  City  FL. Zip Code  8. The above named entry submits this statement for the purpose of changing its registered difference registered agent, or both, in the State of Florida. I am familiar with, and accept diversity of registered agent, or both, in the State of Florida. I am familiar with, and accept diversity of registered agent, or both, in the State of Florida. I am familiar with, and accept diversity of registered agent, or both, in the State of Florida. I am familiar with, and accept diversity of registered agent. Or both, in the State of Florida. I am familiar with, and accept diversity of registered agent. Or both, in the State of Florida. I am familiar with, and accept diversity of registered agent. Or both, in the State of Florida. I am familiar with, and accept diversity of registered agent. Or both, in the State of Florida. I am familiar with, and accept diversity of registered agent. Or both, in the State of Florida. I am familiar with, and accept diversity of registered agent. Or both, in the State of Florida. I am familiar with, and accept diversity of registered agent. Or both, in the State of Florida.  FILE NOWIS FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  P. Elaction Campaign Financing The Agent of Fees  The Agent of Fees  International Contribution.  Add to the Agent of Fees  International Contribution.  Add to the Agent of Fees  Inter	2. Principal Pl	ace of Business	3. Mailing Address							
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September   Sept	City & State		City & State		4. FEI Number	FT 7259	<del></del>			
Name BECKER & POLLAKOFF, P. A. 121 ALHAMBRA PLAZA 10TH FLOOR CORAL GABLES, FL 33134  City FL Zip Code  8. The above named entry 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent spots or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent spots or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  International control of Florida accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acce	Zip	Country Zip		Country	у	†		□ \$8.75 Ad	iditional	
DAVIS STEVEN M ESQUIRE BECKER & POLIAKOFF, P.A. 121 ALHAMBRA PLAZA 10TH FLOOR CORAL GABLES, FL 33134  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Florata. Lant familiar with, and accept the obligations of registered agent, or both, in the State of Florata. Lant familiar with, and accept the obligations of registered agent, or both, in the State of Florata. Lant familiar with, and accept the obligations of registered agent are defined agent and the ill approach.  SIGNATURE  FILE NOWILL FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution. S5,00 May Be Added to Fees  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INTE. MAKE SIREL ROBESS OTH \$1.2P  INTE. MAKE SIREL ROBESS OTH \$1.2P  Deale  INTE. MAKE SIREL ROBESS OTH \$1.2P  OTHERS AND DIRECTORS IN 11  INTE. MAKE SIREL ROBESS OTH \$1.2P  INTE. MAKE SIREL ROBESS OTH \$1.2P  OTHERS AND DIRECTORS IN 11  Deale  INTE. MAKE SIREL ROBESS OTH \$1.2P  OTHERS AND DIRECTORS IN 11  OTHER ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Deale  INTE. MAKE SIREL ROBESS OTH \$1.2P  OTHER ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  OTHER ADDITIONS/CHANGE		6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	tegistered Agent		
Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Ci					Name					
CORAL GABLES, FL 33134  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am hamiliar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Companies Financing Trust Fund Contribution.	BECKER &	POLIAKOFF, Þ.A.		Street Address		(P.O. Box Number	r is Not Acceptable	₽)		
E. The above named entity submits this stationient for the purpose of changing its registered algent, or both, in me State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    SIGNATURE										
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After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.	Signature, typed or printed name of registered agent and life if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
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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 centrical am an officer or director of the corporation or the receiver or trustee empowered to execute the 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.

THORATORMON PROSIDENT

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305-466-0688