2007 FOR PROFIT CORPORATION SEINSTATEMENT

DOCUMENT # P04000103494			FILED	
			08 FEB 28	•
Principal Place of Business 2608 E CENTRAL BLVD ORLANDO, FL 32803	Mailing Address 2608 E CENTRAL BLVD ORLANDO, FL 32803		SECKETAN TALLAHASSI	OF STATE EE, FLORIDA
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 5376 Lake Margaret P 5376 Lake 1		אר דייי מייים		
Suite, Apt. #, etc. APT. 211 . APT # 2		nargaret Dr		CR2E098 (1/07) 07
City & State Orlando PL	City & State Orland	2 FL	4. FEI Number 20-1380467	Applied For Not Applicable
32812 Country U.S. A	32812	Country USA-	Certificate of Status Desired Name and Address of New Regist	Fee Required
GARCIA, CESAR 2608 E CENTRAL BLVD Name CESAC GARCIA Street Address (P.O. Box Number is Not Acceptable)				
ORLANDO, FL 32803	5376	Lake margaret Dy	APT 211	
8. The above named entity submits this statement of 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.				
SIGNATURE Signature graph of the project stage of the st				
FILE NOW!!! FEE IS \$150,00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.				
10. OFFICERS AND	DIRECTORS Delete	11.	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 11 Change Addition
NAME GARCIA, CESAR	76 Lake margaret apr 211 octobro FLDG 32812	NAME	80011279 12/03/0701075	90668
STREET ADDRESS CITY-SI-ZIP Orlando FL 32812		TITLE NAME STREET AODRESS CITY-ST-ZIP	□ Change □ Addition	
TITLE Delete NAME STREET ADDRESS RH		TITLE NAME STREET ADDRESS		☐ Change ☐ Addition
TITLE NAME CITY-ST-ZIP CI	☐ Delete	CHY-ST-ZIP TITLE NAME		Change Addition
CITY-ST-ZIP REINSTAT	EMENT	STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	∟ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CTITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filling 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 type 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 of the corporation or the receiver of the corporation of the corpo				
SIGNATURE: SUBSTANCE AND APPENDIANTED NAME OF SIGNING OFFICER OR DIRECTOR O2/26/08 (ell 321 - 436 7250) Daylore Phone #				
Dayling Phone if				