2008 FOR PROFIT CORPORATION

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DOCUI 1. Entity Nam MI CASA	P0400011	2188				OBNOV 21 PI112: 37			
Principal Plac		Mailing Address			$\dashv$	1700000	F. FLORIDA		
•		Mailing Address				in Kilipiouli			
6829 US HWY 19 6829 US HWY 19 New Port Richey, Fl. 34652 New Port Richey, Fl. 3									
NEW PORTR		NEW PORT RICHEY, FL	34652						
									IOGRAL II ISDE
2 Principal P	No P.O. Boy #	3. Mailing Address							
Principal Place of Business - No P.O. Box #     Mailing Address							I INTIITUL III 30M NEUL NUIT TUET UELA		1811891 11 1881
Suite, Apt.	#, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.				CR2E098 (1/07	)
City & State	le		City & State	City & State			4. FEI Number 20-1410185		Applied For
Zip	Zip Country		Zip Coun		ry			_ \$8.75 A	
,	1 330				•	5. Certificate of Status Desi		Fee Requir	
·	Address of Curre	nt Registered Agent				7. Name and Address of New Re	gistered Agent	•	
				<u>,</u> γ					
KLIMCHU				Madinir klinchuk					
10308 TAC				Street Add	dress (P	O. Box Number is Not Acceptable	)		
NEW POR	34655			רעיד	<u> ۸</u>	Intiach Dr			
City New Port Rober FL Zincode 55									
8. The above named entity 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.									
SIGNATURE Vladioniv Klinchek Checkin Shuff 11/9/08									
Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE									
FILE NOW!!! FEE IS \$750.00 After January 1, 2009, Fee will be \$900.00									
	OFFICERO AN	ID DUDEOTODO	1 44			100 TO 10 TO	0500 440 0005070	20 (1) 44	
10.	10	ID DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	P	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME	KLIMCHUK, PE			NAME STREET ADDRESS				a	
STREET ADDRESS CITY-ST-ZIP	10308 TACOM	E	CITY-ST-ZIP			<b>100138</b> 11/21/080102	151141	iro oo	
	NEW PORT RI		<del>-</del>	_		11/21/08=-0102			
TITLE	T	☐ Delete	TITLE				Change	☐ Addition	
NAME	KLIMCHUK, PA			NAM					
STREET ADDRESS	10308 TACOM			STREET ADDRESS					
CITY-ST-ZIP	NEW PORT RI		CITY	-ST-ZIP			<del></del>		
TITLE	s	☐ Delete	TITLE		5	٠	🔼 Change	☐ Addition	
NAME	KLIMCHUK, VLADIMIR					Vlac	limir klimehuk	•	
STREET ADDRESS					ET ADDRESS	7415 Antioch D			
*CiTY-ST-ZIP	ST-ZIP NEW PORT RICHEY, FL 34655					New Part Richy 34658 A. D			
TITLE			☐ Deleta	TITLE			; <del></del>	☐ Change	☐ Addition
NAME				NAM	E				
STREET ADDRESS	<b>[</b>			STRE	ET ADDRESS				
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STREET ADDRESS				STRE	ET ADDRESS				
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TITLE		-	☐ Defete	TITLE	: 1			☐ Change	☐ Addition
NAME				NAM					_
STREET ADDRESS					ET ADDRESS				
CITY+\$1-ZIP					-ST-ZIP				
	cartify that the infe-	mation cupalises	ith this filing door not qualify fo	_!		ntained :	in Chanter 119. Elevida Statutas 11	further certify that the	information
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.									
SIGNATURE: William Will Madinity Winder 1/12/08 25 2622 SIGNATURE: Date Date Despired NAME OF SIGNING OFFICER OR DIRECTOR DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR									

11/24 00

P04000112188 R MI CASA BELLA INC 6829 US HWY 19 NEW PORT RICHEY FL 34652

De never got the renewd Slip, So I are called and I was told to Send \$150 and they will wave the Fee, So kere is the check For \$150 Dallars, If i need anything else please let me know. Thank you.

Sach- Which