

FILED
Apr 30, 2007 8:00 am
Secretary of State

400000-

| | |
|--|-------------------------------------|
| Principal Place of Business | Mailing Address |
| 1831 PONCE DE LEON BLVD. CORAL GABLES, FL 33134 | 5903 SW 148TH CT MIAMI, FL 33193 |



DO NOT WRITE IN THIS SPACE

04162007 No Chg-P CR2E034 (11/05)

| | | |
|----------------------------------|--------------------------|---------------------------------------|
| 4. FEI Number 02-0732025 | | Applied For |
| | | Not Applicable |
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |

| 6. Name and Address of Current Registered Agent |
|--|
| TRAN, DAVID 5903 SW 148TH CT MIAMI, FL 33193 |

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IN THIS SPACE**

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 X

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

| 10. | | OFFICERS AND DIRECTORS | |
|--|---|------------------------|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP LE, LINDA 5903 S W 148TH CT MIAMI, FL 33193 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P TRAN, BINH 5903 S W 148TH CT MIAMI, FL 33193 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | |
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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #