

**FILED**  
**Jul 21, 2008 8:00 am**  
**Secretary of State**

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07072008 Chg-P CR2E034 (12/06)

4. FEI Number 80-0121269	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent	
P.O. Box Number is Not Acceptable)	
FL	Zip Code

7/16/08  
DATE

00 May Be ed to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<p>Hernandez, Nilo A. Miracle Mile Oral Gables, FL 33134</p>	<p><input checked="" type="checkbox"/> Change    <input type="checkbox"/> Addition</p>
<p>Hernandez, Annette M. Miracle Mile Oral Gables, FL 33134</p>	<p><input checked="" type="checkbox"/> Change    <input type="checkbox"/> Addition</p>
	<p><input type="checkbox"/> Change    <input type="checkbox"/> Addition</p>
	<p><input type="checkbox"/> Change    <input type="checkbox"/> Addition</p>
	<p><input type="checkbox"/> Change    <input type="checkbox"/> Addition</p>
	<p><input type="checkbox"/> Change    <input type="checkbox"/> Addition</p>



Principal Place of Business	Mailing Address
94 MIRACLE MILE CORAL GABLES, FL 33134	P.O. BOX 652137 MIAMI, FL 33265-2137

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	94 Miracle Mile Suite, Apt. #, etc.

City & State	City & State Coral Gables, FL
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Zip	Country	Zip	Country
		33134	U.

6. Name and Address of Current Registered Agent

LAW OFFICE OF FERNANDO POMARES, PA  
12002 SW 128 CT  
SUITE 104  
MIAMI, FL, FL 33186

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 Hernando Romares, Attorney #16/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

**9. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Deleted
TITLE	D	
NAME	HERNANDEZ, NILO	
STREET ADDRESS	P.O. BOX 652137	
CITY - ST - ZIP	MIAMI, FL 332652137	

TITLE	VSD	<input type="checkbox"/> Deleted
NAME	HERNANDEZ, ANNETTE M	
STREET ADDRESS	P.O. BOX 652137	
CITY - ST - ZIP	MIAMI, FL 332652137	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="text"/>	<input type="button" value="Delete"/>
NAME	<input type="text"/>	
STREET ADDRESS	<input type="text"/>	
CITY - ST - ZIP	<input type="text"/>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hernandez, Nilo A.
STREET ADDRESS	94 MIRACLE MILE
CITY-ST-ZIP	COVINGTON, LA 70334

TITLE	VSD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Hernandez, Annette M.		
STREET ADDRESS	94 Miracle Mile		
CITY-ST-ZIP	Glendale, CA 91204		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: Charles W. Diamond  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/08 305-444-7939  
Date Daytime Phone #