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FILED Aug 24, 2005 8:00 am Secretary of State

ACRIM MIAM BEACH, FL 33162 Process Place of Recines 5 RECEIVING Place of Recines 5 RECINES Place 5 RECINES	DOCUMENT # P04000124372					03-21-200)5 90123	00/ **	*150.00
INSTRUMENT BEACH FL 33162 US NORTH MAM BEACH, FL 33162 US NORTH MAM BEACH FL 371 NLE 167 M 578 EET SURe, Apt. 8, ec. Suile, Apt. 8, ec. Suil			ION CENTER, INC.						
Suite Apt 1 etc. Suite Apt 2 etc. Suite Apt 3	18300A18REMEASE RESERVISIONUE TERROPAISMU GASTASTINAMENUE					,			
Suite, Apt. #, etc. Suite	2. Principal Pl	ace of Business	3. Mailing Address	11 alfatora					
My Application Sealth My Application My Application Sealth My Application	Suite, Apt.	W, etc.	OI_JIKGGI						
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. Certificate of Status Desired Agent 7. Name and Address of New Registered Agent 8. Certificate of Status Desired Agent 8. Certificate of Status Desired Agent 7. Name and Address of New Registered Agent 8. Certificate of Status Desired Agent 8. Certificate of New Address of New Registered Agent 8. Certificate of New Address of New Registered Agent 8. Certificate of New Address of New Registered Agent 8. Certificate of New Address of New Registered Agent 8. Certificate of New Address of New Registered Agent 8. Certificate of New Address of New Registered Agent 9. Certificate of New Address of New Registered Agent 9. Certificate of New Address of New Registered Agent 9. Certificate of New Address of New Registered Agent 9. Certificate of New Address of	No Mra	MI BGACH FL	N MIAMI &	EACH FL			67		
Name Suew Address (P.O. Box Number is Not Acceptable)		z USA	33162				F6	e Require	
Size Address (P.O. Box Number is Not Acceptable) 1871 NE 1871 STREET STREET 1871 NE 1871 STREET 1871 NE 1871 STREET 1871 NE 1871 STREET 1871 STREET STREET STREET STREET 1871 STREET STREET STREET STREET 1871 STREET STREET STREET STREET STREET 1871 STREET STREET STREET STREET STREET STREET 1871 STREET STREET			Registered Agent	Name	- 4 .		egistered Ag	ent	 -
1871 N.E. 1871 STREET North Night Stack FL 35/62 City FL Zip Code	16700 NO	RTH EAST 19TH AVENUE	Street Address	s (P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement for the purpose of changing its registered agont. or both, in the State of Rorids. I am tamiliar with, and accept the obligations of legistered agont. Or both, in the State of Rorids. I am tamiliar with, and accept the obligations of legistered agont. Or both, in the State of Rorids. I am tamiliar with, and accept the deligations of legistered agont. Or both, in the State of Rorids. I am tamiliar with, and accept the deligations of legistered agont. Or both, in the State of Rorids. I am tamiliar with, and accept the deligations of legistered agont. Or both, in the State of Rorids. I am tamiliar with, and accept the deligation of legistered agont. Or both, in the State of Rorids. Deligation of legistered agont. Or both, in the State of Rorids.	1871	NE 16711 STA							
the obligations of legistered agency SignATURE Samue, hook to prompt outly of registers open and that is globable. INDIE: Register of Apart spoulate required when remaining DATE								<u> </u>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INTE Change Addition		ions of legistered agent. Ke	lly			n, in une State of Pic		,	and accept
INTE MAKE MAKE MAKE MAKE MAKE MAKE MAKE MAK		E NOW!!! FEE IS \$150.00	9. Election Campaig	on Financing\$	5.00 May Be				
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NAME STREET ADDRESS CITY-S1-2P ITILE NAME STREET ADDRESS CITY-S1-2P TITLE NAME STREET ADDRESS CITY-S1-7P 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 ooth; 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: WAR 4 - Mullus **TITLE** Change** Change	TITLE NAME STREET ADDRESS- CITY-ST-ZIP		□ Deleta	NAME STREET ADDRESS			[Change	Addition .
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	SIGNAT	URE: WAR TYPETOR P	- The elly RENTED HAME OF BIOMENO STRICER C	OR DERECTOR		UB/07/05	Days	arre Prome #	