2008 FOR PROFIT CORPORATION

FILED Apr 28, 2008 8:00 am Secretary of State

	AIIIIVAI	- 1/2: 01/1		- 04.00	2000 002/0 021 ***1/	-0.00
1. Entity Nam	MENT # P04000170 BILE SPA, INC.	0854		40000 ·	2008 90369 031 ***15	50.00
Principal Place of Business Mailing		Mailing Address				
•		14944 SW 89 STREET				
MIAMI, FL 33196 M		MIAMI, FL 33196	MIAMI, FL 33196			
					III BONI BOGO HON HONI TOKO IDIO BIRI	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02152008 Chg-l	P CR2E034 (12/0	6)
City & State		City & State		4. FEI Number 20-4361176	<u> </u>	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status D	Desired S8.75 A	
	6. Name and Address of Current	Registered Agent		7. Name and Address of	of New Registered Agent	
			Name			
GIL, ABEL A 14944 SW 89 STREET			Street Address (P.O. Box Number is Not Acceptable)			
MIAMI, FL 33196						-
			İ			
			City		FL Zip C	ode
	named entity submits this statement flons of registered agent.	or the purpose of changing its reg	I gistered office or registe	ered agent, or both, in the St	ate of Florida. I am familiar wi	lh, and accept
SIGNATURE_	Signature, typed or printed name of registered agen	I and title if applicable. (NOTE: Re	gistered Agent signature require	ed when reinstating)	DATE	·
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campaign Trust Fund Contribu		5.00 May Be ded to Fees		
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTO	ORS IN 11
TITLE	OD	☐ Delcte	TITLE		Chang	
NAME	GIL, ABEL A		NAME			
STREET ADDRESS CITY-ST-ZIP	14944 SW 89 STREET		STREET ADDRESS CITY-S1-VIP			
	MIAMI, FL 33196 OD	Пъ			[Chang	n Dadelin
TITLE NAME	SOTO, YANISBEL	Delete	NAME -S	OTO, YAN'S	これでとりら これでとりら	ge 🔲 Addition
STREET ADDRESS	220 NW 87 AVE, APT K201		STREET ADDRESS	- , <u>rate</u>	7.70 - 7 3	
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Chang	ge 🔲 Addition
NAME STREET ADDRESS	-	•	NAME ADDOCCC			
CITY-ST-ZIP	•		STREET ADDRESS CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		Chang	ge 🔲 Addition
NAME		20000	NAME		<u> </u>	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE NAME		☐ Chang	ge 🔲 Addition
NAME STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP.			CITY-ST-ZIP			•
HILE		☐ Delete	TITLE		Chan	ge 🔲 Addition
NAME			NAME			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		•	
	certify that the information supplied wi	th this filing does not qualify for the	L	ad in Chanter 110. Bloride C	tatutes. I further continues the	e information
I IL FIIGIOUY	activity and the amountainer arbbited wi	arrang ming does not quanty for it	TO SECURDIOUS COMMENT	A IN CHAPIOL 115, LICHUA 3	tototos. I formor contray that the	· montation

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 Statutos; 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: _

abel Gil

03/22/08 3052825598

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR