## FILED Apr 21, 2006 8:00 am Secretary of State 3/,

2006	ANN				UN
DOCUMEN		 	·=		<i></i>

DOCUMENT # P05000010079  1. Entity Name					03-23-2006 90011 006 ***150.00		
•	PPLY MIAMI, INC.				i		
Principal Place	e of Business	Mailing Address		<del>1</del>	1		
1825 PONCE DE LEON BLVD., #381 MIAMI FL 33134		1825 PONCE DE LEON BLVD., #381 MIAMI FL 33134					
2. Principal Place of Business		3. Mailing Address			I (Manda) 44 20-31 Ern Serin sam serin nem serin 2541 1937 19313 11 (155)		
Suite. Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E034 (10/05)		
City & State		City & State			4. FEI Number 194170 Applied Fo Not Applie		
Zip	Country	Zip Coun		itry	5. Certificate of Status Desired S8.75 Additional Fee Required		
	<ol><li>Name and Address of Curren</li></ol>	t Registered Agent			7. Name and Address of New Registered Agent		
CDIE	GEL & UTRERA, P.A.			Name		ŀ	
1840	SW 22ND ST.			Street Address (P.O. Box Number is Not Acceptable)			
	MI FL 33145			City	Zip Code	-	
·		<del></del>	<del></del>	<u> </u>	FL		
	named entity submits this statement to ions of registered agent.	or the purpose of changing it	s register	ed office or register	red agent, or both, in the State of Florida. I am familiar with, and acc	ept	
SIGNATURE .	Signature, typed or pivilog name of registered agen	nt and like 4 applicable (NO	TE Pogslera	n Agest signature required	d when (enstainty) DATE		
After,	ILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.0 ( Payable to Florida Department				9. Election Campaign Financing \$5.00 May Trust Fund Contribution.  Added to Fee		
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
THILE	PSTD	☐ Delete	RIL	I	☐ Change ☐ Add	itian	
NAME STREET ADDRESS CITY-ST-ZIP	ALVAREZ, ROSENDO 1825 PONCE DE LEON BLVD., # MIAMI FL 33134	381	1	EET ADORCSS '-ST-ZIP			
TITLE	VP	Deleto	TITL		☐ Change ☐ Add	lition	
NAME	ALVAREZ, MARIA	a Deserte	NAM	-	Change Ado	141(8)	
STREET ADORESS	1825 PONCE DE LEON BLVD., #	7381		EET ADORESS			
CITY-SI-ZIP	MIAMI FL 33134		-	r-ST-21P			
TITLE NAME	-	-□ Deleta	TITI. Nam		Change — Add	dion	
STREET ADDRESS			STR	EET ADORESS			
CHY-ST-ZIP			CITY	/-SI-ZIP			
TITLE NAME		☐ Delete	TIFL NAM		☐ Change ☐ Add	itton	
STREET ADDRESS				EET ADORESS			
CITY-ST-ZIP			CITY	r-ST-ZIP			
HILE		Delete	TITE	i	☐ Change ☐ Add	lition	
NAME STREET ADDRESS			NAA STR	Æ EET ADDRESS			
CITY-ST-ZIP				r-ST-ZIP			
litte		☐ Defete	THT	l	☐ Change ☐ Ado	lition	
NAME STREET ADDRESS			NAA Sir	AE EET ADDRESS			
CITY-SI-7IP				r-ST-ZIP			
12. I hereby indicated of the co if change	certify that the intornation supplied videntification of the vector of trustee erad, or on an attachment with an additional control of the vector of trustee erad, or on an attachment with an additional control of the vector of	with this filing does not quality is true and accurate and that appowered to execute this rep ass, with all otherlike empow	for the e I my signa ort as req ered.	exemptions contained ature shall have the juired by Chapter 60	ed in Section 119, Florida Statutes, I further cartily that the information same legal effect as if made under oath; that I am an officer or director, Florida Statutes; and that my name appears in Block 10 or B	on Ior 11	
SIGNAT	1/0.1	In Ullare	٤		3/8/2006 305-484-707	ارر	
SIGNA	SIENATURE AND TYPED O	R PRINTED NAME OF SIGNING OFFICE	R OR DIRE	TOR	DSto Daytime Phone #	<b>/</b> ]	