

9/11/2006-90003-038-\$150.00-\$150.00

1. Entity Name
1106744 ONTARIO, INC.



06 OCT 17 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06022006 Chg-P CR2E034 (11/05)

4. FEI Number	Applied For
20-2281243	Not Applicable

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

6. Name and Address of Current Registered Agent

7 Name and Address of New Registered Agent

SANGREZ-CAMILO-
10800 BISCAYNE BLVD STE 735
MIAMI, FL 33161

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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, a nominee with and accept the obligations of registered agent.

SIGNATURE

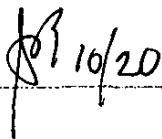
FILE NOW!!! FEE IS \$150.00
Due by September 8, 2006

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

In accordance with s. 607.153(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY ST ZIP	PST RINCON, JAVIER 10800 BISCAYNE BLVD. STE 735 MIAMI, FL 33161	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Add on
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Add on
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TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Add on

12. I hereby certify that the information supplied within this filing document is true and correct, and that the information contained in Chapter 119, Florida Statutes, I believe to be the information indicated on this report or report as amended, and that my signature shall have the same legal effect as a signed letter with that of 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 and changed, or on an attachment, to an address, with all other information provided.

SIGNATURE:

SIGNATURE AND TYPE OF PERSON NAME OF _____