## FILED Jun 27, 2006 8:00 am Secretary of State

2006 FOR PROFIT CORPORATION

|  |                  |   |                               | ¬'·                                   | 05-09-20              | 06 90091 012 *              | **150.00       |  |
|--|------------------|---|-------------------------------|---------------------------------------|-----------------------|-----------------------------|----------------|--|
| DOCUMENT # P05000020162  1. Entity Name M.A.F. ENTERPRISE, INC.  |                  |   |                               |                                       | DDU&UUDJ .            |                             |                |  |
| Dringing Otace of Princes Address  |                  |   |                               |                                       | 1 000000              |                             |                |  |
| Principal Place of Business Mailing Address 11950 SW 271 TERRACE 11950 SW 271 TERRACE HOMESTEAD, FL 33032 US HOMESTEAD, FL 33032 US  |                  |   | _                             | L COMMISSION OF                       | BUPI BRIL GEM BOYL ST | 18 APIIB KBM 88781 M218 AWA | 1818F1 11 1991 |  |
|  |                  |   |                               |                                       |                       |                             |                |  |
| 15050 SW 10310 TR 15050 SW 10310 TR  |                  |   |                               |                                       |                       |                             | E              |  |
| Suite, Apt. *, etc. Suite, Apt. #, etc.  |                  |   | 2                             | 05012006                              | Chg-P                 | CR2E034 (11/05)             | )              |  |
| City & State City & State  |                  |   | ·                             | 4. FEI Numbe                          |                       |                             | pplied For     |  |
| MIAMI, FL MIAMI, FL  |                  |   | <u> </u>                      | 34-2                                  | 03522                 |                             | ot Applicable  |  |
| 33196  | Country          | 33196   | Country                       |                                       | of Status Desired     | S8.75 Ad                    | ditional<br>ed |  |
| 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  |                  |   |                               |                                       |                       |                             |                |  |
| FERNANDEZ, M<br>11950 SW 271 T<br>HOMESTEAD, F   | <u> </u>         | ERNANDEZ, MARCUS A.  ISS (P.O. Box Number is Not Acceptable) TR |                               |                                       |                       |                             |                |  |
| THOMESTEAD, FC 33032   |                  |   |                               | SUITE                                 | 7103                  |                             |                |  |
| Cir  |                  |   |                               | LANAI                                 | <del></del>           | FL Zp.Co                    | 101/           |  |
| The above named entity submits, this statement for the purpose of changing its registered office or register.  |                  |   |                               |                                       | h, in the State of Fk |                             | , and accept   |  |
| the obligations of registered agent.   |                  |   |                               |                                       |                       |                             |                |  |
| SIGNATURE Square, moder profits with a long saved agent and is an appropriate to the produced by the square agent and is an appropriate to the saved agent and is an appropriate required when remissional or the saved agent and is an appropriate required when remissional or the saved agent and is an appropriate required when remissional or the saved agent and is a saved agent agen |                  |   |                               |                                       |                       |                             |                |  |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees   |                  |   |                               |                                       |                       |                             |                |  |
| 10.  | OFFICERS AND     | DIRECTORS   | 11.                           | ADDITIONS/                            | CHANGES TO OFF        | ICERS AND DIRECTOR          | RS IN 11       |  |
| TITLE PD   |                  | ☐ Delete  | TITLE                         |                                       |                       | ☐ Change                    | ☐ Addition     |  |
| 1 1  | IANDEZ, MARCUS A |   | NAME                          |                                       |                       |                             | j              |  |
|  | SW 271 TERRACE   |   | STREET ADORESS                |                                       |                       |                             |                |  |
|  | ESTEAD, FL 33032 |   | CITY-ST-ZIP                   |                                       |                       |                             |                |  |
| TITLE HAME   |                  | Delete  | TOTLE<br>MAME                 |                                       |                       | ☐ Change                    | Addition       |  |
| STREET ADDRESS   |                  |   | STREET ADDRESS                |                                       |                       |                             |                |  |
| CTTY-ST-ZIP  |                  |   | CITY-S1-ZIP                   |                                       |                       |                             |                |  |
| TITLE  |                  | Delete  | TITLE                         |                                       |                       | Change                      | ☐ Addition     |  |
| NAME<br>STREET ADDRESS   |                  |   | NAME<br>STREET ADDRESS        |                                       |                       |                             |                |  |
| CITY-ST-ZIP  |                  |   | CITY-ST-ZIP                   |                                       |                       |                             |                |  |
| TITLE  |                  | ☐ Delete  | TAILE                         |                                       |                       | ( Change                    | ncitibtA' [    |  |
| HAME   |                  |   | HAME                          |                                       |                       |                             | ļ              |  |
| STREET ADDRESS CITY-ST-ZIP   |                  |   | SIREET NOORESS<br>CITY-SI-ZIP |                                       |                       |                             |                |  |
| me   |                  | ☐ Odete   | TITLE                         | · · · · · · · · · · · · · · · · · · · |                       | ☐ Change                    | Addition       |  |
| HAME   |                  | <del></del>   | NAME                          |                                       |                       | _ •                         |                |  |
| STREET ADDRESS   |                  |   | STREET ADDRESS                |                                       |                       |                             |                |  |
| CITY-ST-ZIP  |                  |   | CIIY-SI-ZIP                   |                                       |                       |                             |                |  |
| TITLE NAME   |                  | Delete  | TITLE<br>NAME                 |                                       |                       | ☐ Change                    | ☐ Addition     |  |
| STREET ADDRESS   |                  |   | STREET ADDRESS                |                                       |                       |                             |                |  |
| CITY-ST-ZDP  |                  |   | CITY-ST-ZIP                   |                                       |                       |                             |                |  |
| 12. I hereby cereify 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 adopass, with an other like empowered.   |                  |   |                               |                                       |                       |                             |                |  |
| SIGNATURE: MANEUS A. FERNANDEZ 5/1/06 305-242-717  |                  |   |                               |                                       |                       |                             |                |  |
| DIGITAL OVE  |                  |   | <u> </u>                      | ,                                     |                       |                             |                |  |