

FILED
Feb 05, 2007 8:00 am
Secretary of State

[illegible]01232007 Chq-P CR2E034 (12/06)

4. FEI Number	Applied For
20-4475537	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

SAUELY, PLIGUEL
1712 W FLAGLER ST
MIAMI, FL 33135

correction.

Name Danny Hernandez

Street Address (P.O. Box Number is Not Acceptable)

1712 West Hager St

City Miami

FL

Zip Code **33135**

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 am familiar with, and accept, the obligations of registered agent.

SIGNATURE

Signature, typed a printed name of requesting agent and title (if applicable)

(NOTE: Registered Agent signature required when installing)

DATE _____

01-26-07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	SANCHEZ, MIGUEL	
STREET ADDRESS	135 SW 22 AVE.	
CITY - ST - ZIP	MIAMI, FL 33135	

TITLE	DV	<input type="checkbox"/> Delete
NAME	SANCHEZ, FIDEL	
STREET ADDRESS	135 SW 22 AVE.	
CITY - ST - ZIP	MIAMI, FL 33135	

TITLE	D	<input type="checkbox"/> Delete
NAME	SANCHEZ, CARLOS	
STREET ADDRESS	135 SW 22 AVE.	
CITY - ST - ZIP	MIAMI, FL 33135	

TITLE	D	<input type="checkbox"/> Delete
NAME	SANCHEZ, MANUEL	
STREET ADDRESS	135 SW 22 AVE.	
CITY - ST - ZIP	MIAMI, FL 33135	

TITLE	D	<input type="checkbox"/> Delete
NAME	SANCHEZ, SIMON	
STREET ADDRESS	135 SW 22 AVE.	
CITY-ST-ZIP	MIAMI, FL 33135	

TITLE	D	<input type="checkbox"/> Delete
NAME	SANCHEZ, LOLA	
STREET ADDRESS	135 SW 22 AVE.	
CITY - ST - ZIP	MIAMI, FL 33135	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify 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 address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01.26.07

Date _____

Daytime Phone #