FOR PROFIT CORPORATION NIFORM BUSINESS REPORT (UBR

FILED
Jan 10, 2007 08:00 AM
Secretary of State

(305) 910-7979

Daytime Phone #

1/5/2007

Date

DOCUMENT # P05000100354 1. Entity Name DO NOT WRITE IN THIS SPACE 2. Principal Place of Business Solute, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 2. Principal Place of Business Solute, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State City & State City & State DO NOT WRITE IN THIS SPACE The State of Potential Status Desired Applied For Not Applicable Not Applied For Not Applicable TORRES, OLGAL Street Address (P.O. Box Number is Not Acceptable) SIGNATURE Signature April on princip rame of negistered agent and the registered agent agent and the registered agent and the registered agent a	UNIFO	ORM BUSINE	SS REPORT (<u>UBR</u>	()	Secreta	ry of State
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DO NOT WRITE IN THIS SPACE TORRES, OLGA L Street Address (P O, Box Number is Not Acceptable) 26500 SW 133 AVE City HOMESTEAD Torrest above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I amy jamilari with, and accept the obligations of registered agent. SIGNATURE January 1. May 1. Fee its \$150.00 After May 1. Fee its \$350.00 After May 1. Fee		,			•	5. Certificate of Status Desired	Fee Required
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Street Address (P.O., Box Number is Not Acceptable) City							
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as if made under path; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by	12. I nereby certify that	the information supplied	with this filling does not q	uality to	or the exemption.	stated in Section 1 19.07(3)(1), Fiorida 3 and that my signature shall have the s	natutes, i futiliel same legal effect

Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OLGA L TORRES, PRESIDENT

SIGNATURE: