## FILED Jun 08, 2007 8:00 am Secretary of State

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Žip		Country	33144	Count	try	5. Certificate	of Status Desired		\$8.75 Add Fee Require	ditional ed
	6. Name	and Address of Current	Registered Agent			7. Name and	Address of New F	legistered	Agent	
					Name					
HERNANDEZ-BUITRAGO, VICTOR M										
19340 NW 67 PLACE					Street Address (	P.O. Box Numb	er is Not Acceptable	9)		
HIALEAH,	FL 3301	5			<del>_</del> -					
					City				Zip Cod	le .
<u> 781</u>								FL		
8. The above	named entit	y submits this statement for	the purpose of changing its	egistere	ed office or register	ed agent, or bo	th, in the State of Flo	orida. I am	lamiliar with,	and accept
the obligat	tions of regis	tered agent.								
SIGNATURE	[ <b>[4]</b> ]	manacz:								]
SIGNATURE	CONTRACTOR AND ADDRESS OF THE PARTY OF THE P	o printed name of registered agent a	and trie i applicable (NOTE	Pequatered	Agent signature required	1 when rensisting)		DATE		
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