2006 FOR PROFIT CORPORATION REINSTATEMENT

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See Name and Address of Current Registered Agent T. Name and Address of New Registered Agent			Country	Zıp	Zip Country						ot Applicable
CAMEJO, LUIS 175 FONTAINEBLEAU STE 1G-6 MIAMI, FL 33172 City FL Zip Code 8. The above named entity of price this systems for the purpose of changing its registered agent, or both, in the State of Fonda. I am familiar with, and accomplished agent of the obligations of registrof agent of the purpose of changing its registered Agent registered agent, or both, in the State of Fonda. I am familiar with, and accomplished agent of the obligations of registrof agent with a finite formation of a flagoration. SIGNATURE FILE NOWILI FEE IS \$150.00 After Jamissry 1, 2007, Fee wild be \$300.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II I. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		6 Name	and Address of Correct	Paristoned Acent		<u></u>	<u> </u>			Fee Require	
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B. The above named entry yourses this safyment for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accomplete the obligations of registery diagrams. SIGNATURE Syntams, special protections of registered special agent. SIGNATURE FILE NOWILL FEE IS \$150.00 After Jamusery 1, 2007, Fee will be \$300.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN IT corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN IT Corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN IT WAS STREET ADDRESS 11./08//0501032016 **150,00 AVENTURA, FL. 33180 Detect THE WAVE CHEVERRY, MARIA I 18851 NE 29 AVE. STE 700 AVENTURA, FL. 33180 Detect THE WAVE STREET ADDRESS DITI-ST-2P THE WAVE STREET ADDRESS DITI-ST-2P THE WAVE STREET ADDRESS DITI-ST-2P THE Detect THE Detect THE WAVE STREET ADDRESS DITI-ST-2P THE Detect											
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 1.19, 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 eath; that I am an officer or direct 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 1 changed, or on an attachment with an addition, with all other tike empowered.											
SIGNATURE: MALIN FROM DAKE S 10/20/04 205 44395 9											

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