

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

DOCUMENT # P06000026409



Mailing Address  
10200 HAITIAN DRIVE  
MIAMI, FL 33189 US

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

CR2E034 (12/06)

65- 1239874

|                |
|----------------|
| Not Applicable |
|----------------|

☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORALES, ANIA  
15354 SW 41 TERRACE  
MIAMI, FL 33185

Name \_\_\_\_\_

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

City

FL

Zip Code

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**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 |
|-----|------------------------|
|-----|------------------------|

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                 |                     |                                 |
|-----------------|---------------------|---------------------------------|
| TITLE           | P                   | <input type="checkbox"/> Delete |
| NAME            | GUERRA, NOIDA       |                                 |
| STREET ADDRESS  | 10200 HAITIAN DRIVE |                                 |
| CITY - ST - ZIP | MIAMI, FL 33189     |                                 |

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

|                 |                     |                                 |
|-----------------|---------------------|---------------------------------|
| TITLE           | VP                  | <input type="checkbox"/> Delete |
| NAME            | SILVEIRA, CESAR     |                                 |
| STREET ADDRESS  | 10200 HAITIAN DRIVE |                                 |
| CITY - ST - ZIP | MIAMI, FL 33189     |                                 |

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

|                |   |                                 |
|----------------|---|---------------------------------|
| TITLE          |   | <input type="checkbox"/> Delete |
| NAME           | — |                                 |
| STREET ADDRESS |   |                                 |
| CITY-ST-ZIP    |   |                                 |

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

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

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

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

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

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

| 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

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_