

**FILED**  
**Jan 30, 2008 8:00 am**  
**Secretary of State**


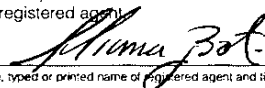
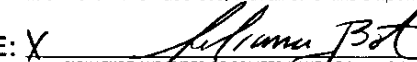
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| 4. FEI Number | Applied For    |
| 20-4904387    | Not Applicable |

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

|  |  |   |  |
|--|--|---|--|
| <b>DOCUMENT # P06000068872</b>   |  | 01-30-2008 90022 005 ***150.00  |  |
| 1. Entity Name<br><b>LILIANA BOTERO, INC.</b>  |  |    |  |
| Principal Place of Business<br><b>1380 N.W. 65TH AVENUE, BAY E<br/>PLANTATION, FL 33313</b>  |  | Mailing Address<br><b>1380 N.W. 65TH AVENUE, BAY E<br/>PLANTATION, FL 33313</b>   |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |  |
| City & State   |  | City & State  |  |
| Zip  | Country  | Zip   | Country  |
| 6. Name and Address of Current Registered Agent<br><b>PADRO, FRANCISCO A<br/>1380 N.W. 65TH AVENUE, BAY E<br/>PLANTATION, FL 33313</b>   |  | 7. Name and Address of New Registered Agent<br>Name <b>Liliana Botero</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1380 N.W. 65<sup>th</sup> Ave., Bay E<br/>Plantation FL 33313</b> |  |
| 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 <b>X</b>    |  | DATE <b>X JAN 28/08</b>   |  |
| Signature, typed or printed name of registered agent and title if applicable.  |  | (NOTE: Registered Agent signature required when reinstating)  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees   |  |
| 10. OFFICERS AND DIRECTORS   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>D<br/>PADRO, FRANCISCO A<br/>1380 N.W. 65TH AVENUE, BAY E<br/>PLANTATION, FL 33313</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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: <b>X</b>   |  | Date <b>X Jan 28/08</b>   |  |
| Signature and typed or printed name of signing officer or director   |  | Date Daytime Phone #  |  |