## 2007 FOR PROFIT CORPORATION

## FILED 2 Mar 23, 2007 8:00 am Secretary of State

1. Entity Nan	IVIENT # P0000097	132				02-15-200	07 90042 003 *	**150.00	
Principal Plac	e of Business	Mailing Address	Mailing Address						
666 71ST STREET MIAMI BEACH, FL 33141		666 71ST STREET MIAM! BEACH, FL 33141							
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address							
Suite. Apt. #, etc.		Suite, Apt. #, etc.		01042007	Chg-P	CR2E034 (12/0	6)		
City & State		City & State			4. FEI Numb		2050	Applied For	
Zip	Country	Zìp	Country	<del></del>		20-866 of Status Desired		Not Applicable Additional	
	6. Name and Address of Current	Registered Agent		·	7. Name and	Address of New			
ROTH ROUSSO & KATSMAN, LLP % MARK E. ROUSSO, ESQ.				Name  A. LIPS  Street Address (P.O. Box Number is Not Acceptable)					
	20TH AVENUE, SUITE 900 A. FL 33180					11.4			
			City and			757	STILC   Zip C	ode ,	
B. 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 Source present name of ingurient digent and life of applicable. (INDTE Registered Agent algorithm industrial when removaling) GATE									
FILE NOW: TEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees									
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OF	ICERS AND DIRECTO	ORS IN 11	
TITLE NAME	PD SARLENGA, FERNANDO M	☐ Delete	TITLE NAME				Chang	e 🔲 Addition	
STREET ADDRESS CITY+ST+ZIP	666 71ST STREET MIAMI BEACH, FL 33141		STREET ADDRES	s					
TITLE	VTD	☐ Delete	TOTLE	-			☐ Chang	et 🔲 Addition	
HAME Street address	SARLENGA, DANIEL A 666 71ST STREET		NAME STREET ADDRES						
CITY-ST-ZIP	MIAMI BEACH, FL 33141		CITY-ST-ZIP	<u></u>				ľ	
TITLE NAME	SD DE SARLENGA, DELLA F	☐ Delete	TITLE			··· <del>*** **</del>	☐ Chang	e 🔲 Addition	
STREET ADDRESS	666 71ST STREET		STREET ADDRESS	5					
CITY-ST-ZIP	MIAMI BEACH, FL 33141		CITY-SI-ZIP						
ITTLE NAME		☐ Dalete	HAME	İ			Change	e 🔲 Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY+ST+ZIP	<b>;</b>					
TITLE		☐ Delete	TITLE	_			☐ Change	e 🔲 Addition	
NAME STREET ADDRESS			HAME						
CITY-ST-ZIP			STREET ADORESS CITY-ST-ZIP	`					
TTTLE NAME		☐ Delete	TITLE				☐ Change	2 Addition	
STREET ADDRESS			STREET ADDRESS	;				1	
CITY-ST-ZIP			CITY-ST-ZIP						
12. Thereby certify that the information supplied with this tiling does not quality 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 is trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 it changed, or on an attachment with an address, with all other like empowered.									
SIGNATURE: 1/22/07									
SIDEATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR Date Date Devices &									