FILED May 03, 2007 8:00 am a Secretary of State

FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

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Zip Country Zip Country 33144 US 5. Certificate of Status Desired S8.75 Addition S8.75 Add			City & Stat	City & State			1 · - · · · · · · · · · · · · · · · · ·		
DO NOT WRITE IN THIS SPACE The above named entity submits this statement for the purpose of _nanging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered egent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered egent.		Country				06-1	797644		Not Applicable
DO NOT WRITE IN THIS SPACE City	1 .				ountry	5.0	Certificate of Status Desired		\$8.75 Additional Fee Required
DO NOT WRITE IN THIS SPACE City			. :			me an	d Address of Current Reg	ster	ed Agent
Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE Street Address (P.O. Box Number is Not Acceptable) 707 NW 132 COURT City MIAM FL Zip Code 33182 8. The above named entity submits this statement for the purpose of _nanging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signatūre Signatūre Signatūre Signatūre Signatūre Signatūre Annended UBR is \$41.25 Make Check Payable to Florida Department of State 10.	į	DO NOT				HIARO)		
### City MIAM FL Zip Code 33182 8. The above named entity submits this statement for the purpose of _nanging its registered agent, or both, in the State of Florida arm familiar with, and accept the obligations of registered agent. Signature Signa		•		Street /		Address (P.O. Box Number is Not Acceptable)			
8. The above named entity submits this statement for the purpose of .nanging 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 After May 1, Fee is \$160.00 After May 1, Fe		INTHIS	SPACE		70711111102	00011			<u> </u>
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