2007 FOR PROFIT CORPORATION

FILED May 17, 2007 8:00 am Secretary of State

DOCU		L-REPORT				3001012	ily or	Sta	
	MENT # P0700000		05-17-2007	90036 007 *	***150.0	00			
1. Entity Name									
FACE & I									
				T. E.					
Principal Plac	ce of Business	Mailing Address							
6423 STIRLI		6423 STIRLING ROAD			4(115544			
DAVIE, FL 3	3314	DAVIE, FL 33314				-			
						1811 1811 4611 FATA 611	LECTIO ESTIN ACTOR VILLA	ETT ARITO	î (20)
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04052007	Chg-P	CR2E034 (1	2/06)	
City & State		City & State		. —	4. FEI Numbe	20-82	17259	Applie	
Zip	Country	Zip	Country			······································	¢0.7	5 Addition	plicable
					5. Certificate of	of Status Desired	Fee R	equired	HET1
Car spirals	6. Name and Address of Curren	t Registered Agent			7. Name and	Address of New R	egistered Agent	************	
FILINGS, I	INC		Name	Kion	IARA	LEE. P.A	t		
	. 16TH STREET			Address (P.O. Box Numbe	r is Not Acceptable)		
	ERDALE, FL 33311-4132		2	380	S W	80 CT	······································		
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	1 de la companya de l		City	W	liami		FL Z	p Code 3 3 <i>15</i> :	_
8. The above	e named entity submits this statement f	or the purpose of changing its	registered office of	or register		n, in the State of Flo	rida. I am familia	r with, and	accept
the obligat	tions of registered agent.			•	•				•
SIGNATURE.	Monnia	Kee							
	Signature, typed or printed name of registered agen	t and tale if applicable. (NOTE	: Registered Agent signs	tture required	when renstating)		DATE		-1884
		9. Election Campai	on Financino	\$ 5	00 ман ва				
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campai Trust Fund Contr			00 May Be ed to Fees				
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12. Thereby 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR