

FILED
Feb 06, 2008 08:00 AM
Secretary of State

P.O. BOX 43-0456
SOUTH MIAMI, FL 33243 US

[illegible]

CR2E034 (12/06)

Not Applicable

5. Certificate of Status Desired

□

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

FL

Zip Code

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when revisiting)

DATE _____

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | U00000817596 |
| STREET ADDRESS | 02/15/08-80009-010 150.00 |
| CITY-ST-ZIP | |

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

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

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

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

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IRENE V. HERNANDEZ

FEBRUARY 1, 2008

(305) 773-5628

De

Daytime Phone # _____