

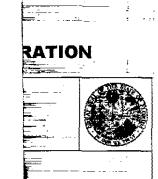
US

Jhon García President

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**FILED** Apr 24, 2006 08:00 AN Secretary of State



MIAMI, FL 33126

SUITE 112 MIAMI, FL 33126 US



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  Signature, typed or pried registered agent and ties 4 appreadure.  PILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  OFFICERS AND DIRECTORS  10. O	DO NOT WRITE IN THIS SPACE  6. Name and Address of Current Registered Agent  GARCIA, JOHN J 9775 NW 30 ST MIAMI, FL 33172			02082006  4. FEI Numb 65-038  5. Certificate	02082006 No Chg-P CR2E034 (11/05)  4. FEI Number Applied For Not Applied For Not Applied For Status Desired S8.75 Additional Fee Required  DO NOT WRITE IN THIS SPACE			
After May 1, 2006 Fee will be \$350.00  Trust Fund Contribution.  Added to Fees  105./16/06-80137-805 158.75  10.  OFFICERS AND DIRECTORS  THE PARKE GARCIA, JOHN J STREET ADDRESS CITY-SI-ZIP THE KAME STREET ADDRESS CITY-SI-ZIP TITE STREET ADDRESS CITY-SI-ZIP STREET ADDRESS STREET ADDRESS CITY-SI-ZIP STREET ADDRESS STREET ADRESS STREET ADDRESS STREET ADDRE	the obligations of registered agent.  SIGNATURE				oth, in the State of Flor		vith, and accept	
TITLE NAME STRET ADDRESS CITY-ST-ZIP TITLE NAME		, ,	· -		 	533791 80137-005	158.75	
. I	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME TITLE NAME	TUNG				<del></del>		

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: JOHN TOGOCIA	4.21.06	305-591-3074
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #