FILED May 19, 2003 8:00 am Secretary of State 04-21-2003 91214 033 ***150.00

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					Name-BENITEZ-CECANDO				7
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8. 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, lypact or printed name of registered agent and tells if applicable. (NOTE: Registered Agent alphature required when rehistating) OATE									
	After May 1*	11 Fee le \$150.003 Fee is \$550.00 kgan JBR is \$61,25 kg is Torida Oepartment of					9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.		OFFICERS AND D	,-)e	Salar Sim		distri			
NAME STREET ADDRESS CITY-ST-ZIP	Director Benitez, C 1746 SW	Orlando 138th Ave Miami I	FI 33175	HAA Sir	ALLERS AND THE PERSON				CR2E034B (12/02
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STREET ADORESS CITY-ST-ZIP				714117	ET ADORESS ASSESSED TO ST. ZP				. Programme
	certify that the in	nformation supplied with the supplied with the supplier and the supplier a	his filing does not	Vitin a to	THE PROPERTY OF THE PROPERTY OF	ction 11		at the information	Ė
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplierential report is true and accurate and that my signature shall have the same logial effects if made under oath; that I am an officer or director of the corporation or the receiver or trustee embowered to execute this report as required by Chepter 607, Florida Statutes; end that my name appears in Block 10 or on an attachment with an address, with all other like embowered.									
SIGNATURE: SOMETHER AND TYPED DISPRISED MARIE OF REGIONS OFFICER OR DRESCTOR. DATE DESCRIPTION OF THE PROPERTY OF THE PROPERT									
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