2	C OR PROFI	T CORPORA	TION						
DOCUN 1. Entity Name FLOR-CA				FILED					
		Mailing Address 16503 NE 27 PL. #19 NORTH MIAMI BEACH, 1 3. Mailing Address	FL 33160	EEE'	2008 JAN 16 PM 5: 06 SECRETARY OF STATE TALLAHASSEE.FLORID.				
Suite, Apt.	·	Suite, Apt. #, etc.		01032008 4. FEI Number 65-0436				Applied For	
Zip	Country	Zip	Country			of Status Desired	\$8.75 A Fee Requi	dditional	
6. Name and Address of Current Registered Agent GOLDBERG, MORDEHAY 165 03/4/E 27 PL NORTH MIAMI BEACH, FL 33160			Name Street Ac	ddress (f	7. Name and Address of New Registered Agent dress (P.O. Box Number is Not Acceptable)				
the obligati	named entity submits this statement to ons of registered agent. Signature, typed or printed name of registered egent		City registered office or E: Registered Agent algos				FL Zip Co Porida. 1 am famillar with DATE with s. 607.193(2)(b) d not receive the prior	n, and accept	
F (1 ,	E NOWILI FEE IS \$300.00 OFFICERS AND		E 11.				I not receive the prio		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GOLDBERG, MORDEHAY 16503 VE 27PL NORTH MIAMI BEACH, FL 3316	Deiete	TITLE NAME STREET ADJARESS CITY-ST-ZIP		1	10011	□ Change 331241 337-010 **	Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		C Delete	TITLE NAME STREET ADURESS CITY-ST-ZIP				Change	Addition	
of the corp	ertify that the information supplied with on this report or supplemental report is portation or the receiver or trustee empty or on an attachment with an address, the URE: Solvature and typed of	wered to execute this report with all other like empowered.	as required by Cha	ontained ave the s pter 607	in Chapter 119 same legal effec , Florida Statute), Florida Statutes. tt as if made under s; and that my nar OHOS Date	I further certify that the roath; that I am an offic me appears in Block 10 /CS	information ar or director or Block 11 if	