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<ol> <li>Entity Nam</li> <li>ADVAK TI</li> </ol>	ECHNOLO	GIES, INC.				04-24-2003 901	104 028 ***150	.00
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2. Principal F	Place of Busines		3. Mailing Addre	985				
Suite, Apt. #, etc.			Suite, Apt. #, etc.					
City & State			City & State		4. FEI Number 65-0483393			
Zip		Country	Zip	Co	untry		<b>\$8.75</b> Add	
	6. Name a	nd Address of Currer	nt Registered Agent	I		7. Name and Address of New Regis	Fee Require	d
		· · · · · · ·			Name	مريدان المرمة متحجين بسطيانية والا		
CONCHA, FERNANDO 7545 WEST 2ND CT					Street Address	ss (P.O. Box Number is Not Acceptable)		
HIALEAH	FL 33014							
					City		FL Zip Code	e
The above								
	e named entity s tions of register		for the purpose of cha	anging its regist	ered office or registe	ered agent, or both, in the State of Florida	. I am familiar with,	and accept
	tions of register	ed agent.				· · · · · · · · · · · · · · · · · · ·		and accept
the obligat	tions of register				ered office or registe	d when reinstating)	DATE	
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