2006 FOR PRO	FIT CORPOR	ATION	FILED Jan 31, 2006 8:00 am Secretary of State
DOCUMENT # P94000060815 1. Entity Name MUVICO PALM HARBOR, INC.			01-31-2006 90014 022 ***150.00
Principal Place of Business 3101 N. FEDERAL HIGHWAY SIXTH FLOOR FORT LAUDERDALE, FL 33306	FEDERAL HIGHWAY 3101 N. FEDERAL HIGHWAY .OOR SIXTH FLOOR		60009405
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		01112006 Chg-P CR2E034 (11/05)
City & State	City & State		4. FEI Number Applied For 59-3276647 Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired Fee Required
6. Name and Address of Cur	rent Registered Agent	Name	7. Name and Address of New Registered Agent
HASHEMI, A HAMID 3101 N. FEDERAL HIGHWAY SIXTH FLOOR FORT LAUDERDALE, FL 33306		ALAN R	AINBEAU (P.O. Box Number is Not Acceptable) Federal Highway, Sixth Floor
8. The above named entity submits this stateme the obligations of registered agent. SIGNATURE Signature. typed or printed name of registered ATAN RATNBEAU	h	City Fort L its registered office or regist	FL Zip Code 33306   auderdale FL Zip Code 33306   ered agent, or both, in the State of Florida. I am familiar with, and accept 1/20/06   1/20/06 DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$5			5.00 May Be Ided to Fees
	AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE D NAME HASHEMI, A HAMID STREET ADDRESS 3101 N. FEDERAL HIGHWA CITY-ST-ZIP FORT LAUDERDALE, FL 33		NAME M STREET ADDRESS 3	Tice President/Director □ Change ☑ Addition Lichael F. Whalen, Jr. 101 N. Federal Highway, Sixth Floor Port Lauderdale, FL 33306
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Detete	TITLE S NAME A STREET ADDRESS 3	ecretary Change Addition lan Rainbeau 101 N. Federal Highway, Sixth Floor ort Lauderdale, FL 33306
TITLE NAME STREET ADORESS CITY- ST- ZIP	🗆 Detete	TITLE NAME STREET ADORESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	🗋 Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	🗆 Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change CAddition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition
12. I hereby certify that the information supplied indicated on this report or supplemental reg of the corporation or the receiver or trustee changed, or on an attachment with an eddr MUVICY PALM	d with this filing does not quality ort is true and accurate and the empowered to execute this regress, with all other like empower BHARBOR INCOMENTING	r for the exemptions contain at my signature shall have the ort as required by Chapter 6 ed.	ed in Chapter 119, Florida Statutes, I further certify that the information e same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes; and that my name appears in Block 10 or Block 11 if
SIGNATURE: BY:	D OR PRINTED NAME OF BIGNING OFFI	ER OR DIRECTOR	1/20/06 954-564-6550