2005 FOR PROFIT CORPORATION

FILED Apr 21, 2005 08:00 AM

1632 PENNSYLVANIA AVE.				Secretary of State	
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent					Chg-P CR2E034 (10/03) Applied For Not Applicable s Desired S8.75 Additional Fee Required
ROBINS, CRAIG 1632 PENNSYLVANIA AVEUE MIAMI BEACH, FL 33139			DO NOT WRITE IN THIS SPACE		
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature (equired when rehistating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees					
10.	OFFICERS AND D	IRECTORS	<u> </u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ROBINS, CRAIG 1632 PENNSYLVANIA AVE MIAMI BEACH, FL 33139				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TURKEL, AMY 1632 PENNSYLVANIA AVE MIAMI BEACH, FL 33139			D4 ₄	000000321152 /21/05-80069-003 150.00
TITLE HAME STREET ADORESS CITY-ST-ZIP	VP GRETENSTĒĪN, STEVEN 1632 PENNSYLVANIA AVE MIAMI BEACH, FL 33139	· · · · · · · · · · · · · · · · · · ·	<u>-</u>	DO NO	T WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THI	S SPACE
TITLE NAME STREET ADDRESS CITY-51-ZIP		alat against			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				The same of the sa	En v
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 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: SIGNATURE AND TYPED IN PRINTED MARKE OF SIGNING OFFICER OR DIRECTOR. Date Date Date Department of Signing Officer or Director.					