

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

\_\_\_\_\_

01142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE  
IN THIS SPACE**

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP REGALADO, APOLONIO 810 NE 4TH PL HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ROVIEL, REGALADO 8915 NW 144 TERRACE MIAMI LAKES, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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1/22/08 305 888 5289