## FILED Apr 30, 2004 8:00 am Secretary of State

2	2004	FOR	PRO	FIT	CORF	PORA	LTIO	IN
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						DOOL	iary or	State	
1. Entity Nam	MENT # P96000034			004 90282 005					
Principal Plac	e of Business	Mailing Address					04 <b>011</b> ]	11.3	
		=					- 10112	. U g	
2350 W. 60- HIALEAH, FL	, <i></i> .	7445 W 4 AVE.							
THREE	33010	HIALEAH, FL 33014							
					1 13 8 14 8 1 1 1 1	HIRE HAVI BEIM HENN MENN		3 (2)137 (1 (20)	
2 Principal P	lace of Business	1 2 Mailing Address							
7446		3. Mailing Address	Mailing Address						
	<u> </u>	Cuite And the case							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			03182004	Chg-P	CR2E034 (10/0)	3)	
0': 0.0: .		0'- 1 0-4							
HIALEA		City & State			4. FEI Number		<del></del>	Applied For	
	<del></del>			65-0659	358	استسن السند سنجت والمسابق	Not Applicable		
Zip	Country	Zip Count		try	5. Certificate o	f Status Desired		\$8.75 Additional	
<u> 330</u>	14 USA						Fee Requ	ired	
	6. Name and Address of Current	Registered Agent			_7. Name and A	ddress of New R	egistered Agent		
				Name				-	
PINERO, I				Chi (1	O. Davidson	1- N1 A A			
	T 68 PLACE			Street Address (F	2.O. Box Number	is Not Acceptable	}		
HIALEAH,	FL 33016								
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21.14	· · · · · · · · · · · · · · · · · · ·		City				FL Zin C	ode	
<u> </u>	= -								
8. The above	named entity submits this statement for ions of registered agent.	r the purpose of changing its	registere	ed office or register	ed agent, or both	, in the State of Flo	rida. I am familiar wi	th, and accept	
, ine obligat	ions of registered algent.								
SIGNATURE_	ું કરે કું કર્ય							-	
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered	d Agent signature required	when reinstating)		DATE		
						**			
is a second	E NOW!!! FEE IS \$150.00	9. Election Campai	gn Finan	cing <b>\$5.</b>	00 May Be				
After Ma	ay 1, 2004 Fee will be \$550.0	Trust Fund Contr	ibution.		ed to Fees			İ	
	À								
10.			11.		ADDITIONS/C	HANGES TO OFFI	CERS AND DIRECTO	DRS IN 11	
TITLE	DP .	☐ Delete	TITLE				Chang	e 🔲 Addition	
NAME	PINERO, HIRAM		NAM						
STREET ADDRESS	2604 WEST 68 PLACE		STRE	ET ADDRESS					
CITY-ST-ZIP	HIALEAH, FL 33016		CITY-	·ST-ZIP					
TITLE	DS ·	☐ Delete	TITLE				Chang	e 🗍 Addition	
NAME	PANDO, ANGELA A		NAM	.				_	
STREET ADDRESS	2604 WEST 68 PLACE		STRE	ET ADDRESS					
CITY-ST-ZIP	HIALEAH, FL 33016		CITY-	·ST-ZIP					
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NAME		☐ Delete	NAME	l l			Chang	e 🔲 Addition	
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TITLE		☐ Delete	TITLE				☐ Chang	e 🔲 Addition	
NAME			NAME						
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP		<u> </u>	CHY	-ST-ZIP					
TITLE		☐ Defete	TITLE				Chang	e 🗌 Addition	
NAME			NAM						
STREET ADDRESS			STRE	ET ADDRESS				l	
CITY-ST-ZIP			CITY	-ST-ZIP				[	
TITLE	<u>.</u>	☐ Delete	TITLE				☐ Chang	e	
NAME			NAM	l l				_	
STREET ADDRESS			1	ET ADDRESS				<u> </u>	
CITY-ST-ZIP				-ST-ZIP					
	Cortify that the information as a light with	thin filing does not mustiful.			otion 110 07/2\/'\	Elorida Statutara 1	fuether easily that it	o information	
indicated	certify that the information supplied with on this report or supplemental report is	true and accurate and that n	ny signat	ure shall have the s	same legal effect	as if made under o	ath; that I am an offic	cer 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.									
cnanged	, or on an attachment with an address,	orin all other like empowered.				, 1	$\sim$	1	