## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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Name   MARTHA R. GARCIA	•			Zip	Country	5. Certificate of Status Desired	□ \$8.7 Fee F	75 Additional Required	
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9500 S. DADELAND BLVD. STE. 705  City MIAMI, FL Zip Code 33156  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.  SIGNATURE  9. This corporation is eligible to safely its Intringible Task flip; requirement and elects to do so. (See criteria on back)  9. This corporation is eligible to safely its Intringible Task flip; requirement and elects to do so. (See criteria on back)  10. Election Campaign Financing Trust Func Correlation.  11. OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. OFFICERS AND DIRECTORS  14. OFFICERS AND DIRECTORS  15. OFFICERS AND DIRECTORS  16. OFFICERS AND DIRECTORS  17. OFFICERS AND DIRECTORS  18. OFFICERS AND DIRECTORS  18. OFFICERS AND DIRECTORS  18. OFFICERS AND DIRECTORS  19. OFFICERS AND DIRECTORS  10. OFFICERS AND DIRECTORS  10. OFFICERS AND DIRECTORS  10. OFFICERS AND DIRECTORS					MARTHA R. GARCIA				
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.  SIGNATURE  9. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so.   May Feet legs (\$50.00)  Antimized USR (\$55.00)  Make Check Poyatile (\$55.00)  11. OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. OFFICERS AND DIRECTORS  14. OFFICERS AND DIRECTORS  15. OFFICERS AND DIRECTORS  16. OFFICERS AND DIRECTORS  17. OFFICERS AND DIRECTORS  18. OFFICERS AND DIRECTORS  18. OFFICERS AND DIRECTORS  19. OFFICERS AND DIRECTORS  10. OFFICERS AND DIRECTORS  10. OFFICERS AND DIRECTORS  10. OFFICERS AND		<b>数分类 医线线 排放 经</b> 经 数据 经	Caratal and the Control of the Contr		Street Address (9500	P.O. Box Number is Not Acceptable S. DADELAND BLVD	). STE. 705	5	
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AME STREET ADDRESS CITY-ST-ZIP  13. 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 by trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address withhall other like empowered.	CITY-ST-ZIP				5302		SHIDENIN DHE.		
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplier entail 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 by trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address with all other like empowered.	STREET ADDRESS				COMMANDE STATE OF THE STATE OF				
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