2008 FOR PROFIT CORPORATION

FILED Mar 31, 2008 8:00 am Secretary of State

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	ANNO	AL KEPUKI				BULLU	uary v	μ	acc
1. Entity Nam	MENT # P960000 GROUP, INC.	098864					90007 0	40 ***1:	50.00
Principal Plac	e of Business	Mailing Address			AN115	4333			
•		•	•						
4636 NW 7T			4636 NW 7TH AVENUE						
MIAMI, FL 3	3166	MIAMI, FL 33166	IIAMI, FL 33166						
						(9)(6 6)(4 66)(1 66)(1 6)			
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
					1 18 8 11 11 11	38115 BILLI CRIII GRIM BI			1841 11 1884
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.				CR2E03	4 (12/06)	
City & State City & State					4. FEI Numbe	er .		Ap	plied For
					65-034	3239		No	t Applicable
Zin	Country	Zip	Country					8.75 Add	itional
		1			5. Certificate	of Status Desired.		ee Require	
	6. Name and Address of Cu	urrent Registered Agent		,	7 Name and	Address of New			 -
	U. Hame and Address of Oa	ment Negistated Agent	Name		7. 1141110 1110	Addiess of New	registered A	your	
DADDOOA	DIMORA		Ivallic						
BARBOSA			Street	Addrage (P.O. Box Number	er is Not Acceptab	de)		
	24TH COURT		Sueer	1001655 (,r.O. Box Number	or is Not Acceptat	ne)		
MIAMI, FL	33181								
			City				FL	Zip Codi	9
8. The above	named entity submits this statem	nent for the purpose of changing its	registered office of	r register	red agent, or bot	h, in the State of F	lorida. I am fa	miliar with,	and accept
the obligat	tions of registered agent.								
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SIGNATURE_									
	Signature, typed or printed name of registere	d agent and little if applicable. (NOTE	: Registered Agent signa	iture required	d when reinstating)		DATE		
EII	E NOW!!! FEE IS \$150.0	9. Election Campai	gn Financing	\$5.	.00 May Be				
	ay 1, 2008 Fee will be \$		ribution.	Add	led to Fees				
	., .,								
10.	OFFICERS	AND DIRECTORS	11,		ADDITIONS/	CHANGES TO OF	FICERS AND	DIRECTOR:	3 IN 11
FITLE	Р	☐ Delete	TITLE	1		-1		Change	Addition
NAME	BARBOSA, DINORA	_ 5000	NAME						
STREET ADDRESS	21000 NE 24TH COURT		STREET ADDRESS						
CITY-ST-ZIP									
UITI-31-21F	MIAMI, FL 33180		CITY-ST-ZIP				 		
TITLE		☐ Delete	TITLE					Change	Addition
NAME			NAME						
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CITY-ST-ZIP			CITY-ST-ZIP	1					
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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.									
SIGNAT	URE: PICANTURE AND THE	Barbon			3,	12/08	/301	1690-	9744
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR