

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

DOCUMENT # P97000020713

Mailing Address  
2801 PONCE DE LEON BLVD  
470  
CORAL GABLES, FL 33134

### 3. Mailing Address

1201 Brickell Ave

Suite, Apt. #, etc.

# 230

City & State  
miami, FL

Country  
USA

Country  
USA

4. FBI Number  
65-0739696

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable)

1201 Brickell Av. #230  
City miami FL Zip Code 33131

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. Election Campaign Financing Trust Fund Contribution.**

**\$5.00** May Be  
Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1201 Brickell Av. #230
CITY-ST-ZIP	MIAMI, FL 33131

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14/25/07

Date \_\_\_\_\_

305.373 0901

Daytime Phone #