FILED May 05, 2003 8:00 am Secretary of State

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S. Name and Address of Current Registered Agent 7. Name and Address of Name Registered Agent Name CHO, SANDY.H 2750 NW 37D AVE. 49 MIAMI FL 33127 City FL Zo Code 8. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Registered agent. SIGNATURE Registered agent. FILE NOWITH FEE IS \$159,00 After they, 2009 Fee with be \$550.00 After they, 2009 Fee with be \$550.00 After they, 2009 Fee with be \$550.00 Back Check Psychiate Portrida Department of State OFFICERS AND DIRECTORS TITL MAM. LAKES FL 33015 TITL SIGNATURE POND, CHONG M. SIER JOURNES SIER JOURNES SIER JOURNES SIER JOURNES SOS N.W. 167TH ST. SUITE#D-6 CITY-ST-2P MAMI LAKES FL 33015 Dede TITL SO Ded	L	ite		City & State				1 64-1280434 1-1			
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