,2006 FOR PROFIT CORPORATION

FILED May 03, 2006 08:00 AM Secretary of State

DOCUMENT # P98 1. Entity Name ALBERT BENDER & COM	17		
Principal Place of Business 2450 S.W. 137TH AVE. 215 MIAMI, FL 33175	Mailing Address 2450 S.W. 137TH AVE. 215 MIAMI, FL 33175	-	

2450 S.W. 1 215 MIAMI, FL 3		2450 S.W. 137TH AVE. 215 MIAMI, FL 33175					
DO NOT WRITE IN THIS SPACE		04282006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied Fo					
BENDER	Name and Address of Current Reg AZRIEL	Istered Agent					Required
BENDER, AZRIEL 3610 YACHT CLUB DRIVE APT 615 AVENTURA, FL 33180			DO NOT WRITE IN THIS SPACE				
the obligat	named entity submits this statement for the ions of registered agent.	purpose of changing its register	ed office of reg	istered agent, or bo	th, in the State of Flori	ida. I am familia	ar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and fitte	e il applicable (NOTE Registere	d Agent signature re	quired when reinstating)		OATE	
Fil. After M.	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRE	CTORS	1				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENDER, AZRIEL 2450 S.W. 137TH AVE. SUITE 215 MIAMI, FL 33175						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U000005 05/1 8/0 6-6	60824 10054-019	150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
NTLE NAME STREET ACCRESS -CITY-ST-ZIP				IN T	THIS SP	ACE	
TITLE NAME STREET ADDRESS City-SI-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. Thereby o	certify that the information supplied with this	filing does not qualify for the ex-	emplions conta	ained in Chapter 11	9, Florida Statutes. I fi	urther certify tha	at the information

Interpoly definity mature information supplied with his shing does not greatly for the exemptions contained in Chapter 174. Profit a Statutes Interpol to true and accurate and that my signature shall have the same legal effect as it made under callit, 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.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(30F) 229-1060 Daytime Prome #