## 2005 FOR PROFIT CORPORATION

		KEINSTA	ICMICHI			_						
DOCUI 1. Entity Nam MAES SK	ne .	# <b>P930000488</b> =, INC.	391			)	FILED 05 MAY 19 PM			2: 18		
Principal Place of Business 8501 GRAND CANAL DRIVE MIAMI, FL 33144			Mailing Address 7876 W 5TH AVE UNIT 301 MIAMI, FL 33193			SECRETARY ( ALIJAHASSEI			:: <b></b>			
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04272005	REIN-P	CR2E	098 (6/04)			
City & State			City & State			4. FEI Numb			- <del></del>	plied For t Applicable		
Zip Country			Zip	ту	5. Certificate	e of Status Desired		\$8.75 Add ee Require				
	6. Name	and Address of Current R	egistered Agent			7. Name and	Address of New R	egistered A	gent			
ESTRADA, MARIA 8501 GRAND CANAL DR MIAMI, FL 33144					Name Street Address	(P.O. Box Numb	er is Not Acceptable	e)				
8. The above named entity submits this statement for the purpose of changing its r					City ed office or registr	ered agent, or bo	oth, in the State of Flo	FL orida. Lam f	Zip Codamillar with,			
the obligation	ions of regis	tered agent.	Same Ex	Pagistan	ed Agent signature requ	nizad upan sul statis	4	127	105	_		
FII	LE NOW!!	! FEE IS \$300.00		<u> </u>			In accordance v	vith s. 607.	193(2)(b), the prior r	F.S., the notice.		
10.		OFFICERS AND D	RECTORS	11.		ADDITIONS	/CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	l	Z, MONICA 152 AVE UNIT 301 L 33193	☐ Delete				-	·	☐ Change	Addition		
TITLE NAME STREET ADDRESS I CITY-ST-ZIP	SD Delete ESTRADA, MARIA D 7871 SW 152 AVENUE UNIT 1301 MIAMI, FL 33193			•		09	10005484 703 1 Addition 05/19/0501018001 **300.00					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	7, ANDREW 152 AVENUE UNIT 301 _ 33193	☐ Delate						Change	Addition		
TITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ Delete		,				Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST-ZIP			☐ Delete						Change	Addition		
TITLE NAME STREET ADDRESS CHY-ST-ZIP			☐ Delete		i				Charge	neilibbA 🗌		
of the cor	on this reportion or to	e information supplied with the or supplemental report is the receiver or trustee empower archment with an address, with the control of the c	rue and accurate and that m vered to execute this report a	ny signat as requi	lure shall have the	e same legat etter	et as it made under d	hath: that La	m an officer.	or director		
		SIGNATURE AND TYPED OR PR	INTED NAME OF SIGNING OFFICER O	OR DIRECT	TÓR		Ate	Da	sytime Phone #			
	,			The section of the se					5	1254		