

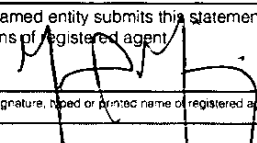
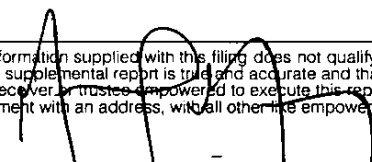


**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

40000014

DOCUMENT # P98000067606		1. Entity Name M.P.O. HOLDINGS, INC.				Secretary of State 04-14-2008 90062 003 ***150.00	
Principal Place of Business 10 NW 42ND AVE SUITE 700 MIAMI, FL 33126 US		Mailing Address 10 NW 42ND AVE SUITE 700 MIAMI, FL 33126 US		40060064			
2. Principal Place of Business - No P.O. Box # 3630 SW 22ND ST.		3. Mailing Address 3630 SW 22ND ST.		03242008 Chg-P CR2E034 (12/06)			
Suite, Apt. #, etc. SUITE 916		Suite, Apt. #, etc. SUITE 916		4. FEI Number 65-0962720		Applied For Not Applicable	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip 33146		Country USA		Zip 33146		Country USA	
6. Name and Address of Current Registered Agent MOURIZ, MIGUEL A 10 NW 42ND AVE SUITE 700 MIAMI, FL 33126				7. Name and Address of New Registered Agent Name MOURIZ, MIGUEL A Street Address (P.O. Box Number is Not Acceptable) 3630 SW 22ND ST. SUITE 916 City MIAMI FL Zip Code 33146			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: 04-09-08 (NOTE: Registered Agent signature required when reinstating)							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		PD MOURIZ, MIGUEL A 10 NW 42ND AVE., SUITE 700 MIAMI, FL 33126 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		PD MOURIZ, MIGUEL A 3630 SW 22ND ST. SUITE 916 MIAMI, FL 33145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		V PUIG, ENRIQUE 10 NW 42ND AVE., SUITE 700 MIAMI, FL 33126 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		V PUIG, ENRIQUE 3630 SW 22ND ST. SUITE 916 MIAMI, FL 33145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		VSD MOURIZ, REINALDO J 10 NW 42ND AVENUE SUITE 700 MIAMI, FL 33126 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		VSD MOURIZ, REINALDO J 3630 SW 22ND ST. SUITE 916 MIAMI, FL 33145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.							
SIGNATURE: 				04-09-08 (305) 867-1577			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			