2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

SIEET ADDRESS CITY-ST-2P ITILE INAME STREET ADDRESS CITY	1. Entity Nam	MENT # P9800009					FILED 30 PM 3:	10
Suite. Apt. #, etc. Suite. Apt. #, etc. Suite. Apt. #, etc. City & State City & St	9737 NW 41 STE 499	ST ST	9737 NW 41ST ST STE 499		DEMONERANT OF STATE TALLANASSEE, FLORIDA			
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S. Certificate of Status Desired S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.C. Box Number is Nix Address of New Registered Agent Street Address (P.C. Box Number is Nix Address) Street Address (P.C. Box Number is Nix Address) STE 4.99 MIAMI, FL 33178 STE 4.99 MIAMI, FL 33178 STE 4.99 MIAMI, FL 33178 Desired in process of changing its registered office or registered agent, or both, in the State of Florids. I am familiar with, and ecception the obligations of Stephane, typed in process remain registered agent, or both, in the State of Florids. I am familiar with, and ecception and the obligations of State agent, or both, in the State of Florids. I am familiar with, and ecception and the obligations of State agent, or both, in the State of Florids. I am familiar with, and ecception and the obligations of State agent, or both, in the State of Florids. I am familiar with, and ecception and the obligations of State agent, or both, in the State of Florids. I am familiar with, and ecception and the obligations of State agent, or both, in the State of Florids. I am familiar with, and ecception and the obligations of Florids. I am familiar with, and ecceptions and the obligations of Florids. I am familiar with, and ecceptions and the obligations of Florids. I am familiar with, and ecceptions and the obligations of Florids. I am familiar with, and ecceptions are stated agent, or both, in the State of Florids. I am familiar with, and ecceptions are stated agent, or both, in the State of Florids. I am familiar with an ecception and the obligations of Florids. I am familiar with an ecception and the florids. I am familiar with a ecception and the florids. I am familiar with a ecception and the florids. I am familiar with a manufacture of Florids. I am familiar with a ecception and florids. I am familiar with	City & State)	City & State		l .			
SIGNATURE PONZALEZ, TRACY 9737 NW 41ST ST STE 499 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 Ponda. I am familiar with, and accept the orbigations dyregistered agent. SIGNATURE Amended AR is \$61.25 9. Election Campaign Financing Street Agent Agents required agent and the February statement an	Zip	Country	Zip Country		try			75 Additional
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 Change C	GONZALEZ, TRACY 9737 NW 41ST ST STE 499 MIAMI, FL 33178 Name Santos, Eduar Street Address (P.O. Box Number is Not Acceptable) 9737 NW 41ST ST							: > E 499
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 tustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 is changed, or on an attachment wath an address, with all other like empowered.	NAME STREET ADDRESS STREET ADDRESS							
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