

SIGNATURE:

FILED Apr 24, 2008 08:00 AN Secretary of State DOCUMENT # P99000014966 1. Entity Name LYDIA M. PRICE, P.A. Principal Place of Business Mailing Address 2700 N.E. 56 CT. 2700 N.E. 56 CT. APT, 4B APT 4R FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State Applied For 4. FEI Number 65-0904011 Not Applicable Ζıp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** Zip Code City 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, typed or printed Games of registered agent and title if applicable. (NOTE: Registered Agent's ginalure required when reinstaling DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE me ☐ Change ☐ Addition ☐ Delete NAME PRICE, LYDIA M NAME STREET ADDRESS 1730 NE 40 CT. STREET ADDRESS FT. LAUDERDALE FL 3334 CITY-S1-ZIP CITY-ST- 7IP TITLE ☐ Derete ☐ Change Addition TITLE NAME U00000918185 05/13/08-80072-010 150.00 STREET ADDRESS STREFT ADDRESS CITY-ST-ZIE CITY - ST - ZIP ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP IIILE ☐ De ete ☐ Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Deiele ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIF Addition TITLE Defete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Davonio Engiro a