DOCUMENT # P99000047733 Image: Sector Particle of Burress Out 11:2006 90100 023 **150.00 Findpoint Pase of Burress Mailing Address Out 11:2006 90100 023 **150.00 2500 MV 73H ME 2500 MV 73H ME 2500 MV 73H ME 2500 MV 73H ME 2500 MV 73H ME 0031 2006 State Apt A etc. State Apt A etc. 0031 2006 State Apt A etc. State Apt A etc. 0031 2006 City & State Country State Apt A etc. 0031 2006 State Apt A etc. State Apt A etc. 0031 2006 Clup P State Apt A etc. State Apt A etc. 0031 2006 Clup P CREEDEd (11/05) State Apt A etc. State Apt A etc. 0031 2006 Clup P CREEDEd (11/05) State Apt A etc. Country X. Country Name State Apt A etc. State Apt A etc. State Apt A etc. Country X. Country Y. Mains and Address of Nove Registered Apt	2	2006 FOR PROFI ANNUAL		FILED Apr 11, 2006 8:00 am Secretary of State					
2000 WW 75H AVE SUIFE 101 MAM, FL 33122 Solid AURA 2. Principal Place of Business 3. Mailing Address Suite, Ap. 4. etc. Solid, Apl. 4. etc. Day Appl. 4. etc. Solid, Apl. 4. etc. Solid, Apl. 4. etc. Solid, Apl. 4. etc. Day Appl. 4. etc. Solid, Apl. 4. etc. Solid, Apl. 4. etc. Solid, Apl. 4. etc. <	1. Entity Name								
Suite, Apt. #, etc. O312006 ChpP CA2E034 (1/105) City & State Cry & State Applied For Applied For Zip Country Zip Country S. Certificate of Status Desired Statisticate 2 // P Country Zip Country S. Certificate of Status Desired Statisticate 4. FEI Number 6. Name and Address of Current Registered Agent 7. Name and Address of Num Registered Agent BECKHAM, WILLIAM E Street Address (P.O. Box Number Is Not Acceptable) Street Address (P.O. Box Number Is Not Acceptable) MAMM, FL 33122 City City FL Zip Code 4. The above named entity submits this statement for the purpose of changing its registered Agent of the obligations of registered agent. Name Street Address (P.O. Box Number Is Not Acceptable) MAMM, FL 33120 Oty FLE NoW!!! Street Address of Now Registered Agent City SIGNATURE! Depression of registered agent. Intel Address of Now Registered Agent Code 101 DP Street Address of Now Registered Agent of Not	2500 NW 79 Suite 101	OTH AVE	2500 NW 79TH AVE Suite 101			ARIIRA INA KANKANI ANII ANII	FARIE ANDIA ANDIA TRADI INA	F# 1118# 11118#1 J1 30#1	
City & State City & State AFE IDA VINNOW Applied For Zip Country Zip Country S. Certificate of Status Desired SS. 75 Zip Country S. Certificate of Status Desired SS. 75 Applied For BECKHAM, WILLIAM E Name and Address of Current Registered Agent Name Name and Address of New Registered Agent BECKHAM, WULLIAM E Name Name Name and Address of New Registered Agent Name City & State Only Steet Address of New Registered Agent Name and Address of New Registered Agent Name and Address of New Registered Agent Stop Nullian Steet Address (P.O. Box Number is Not Acceptable) Steet Address (P.O. Box Number is Not Acceptable) Only MIAMI, FL 33122 City Steet Address (P.O. Box Number is Not Acceptable) Only Stop Arter May 1, 2006 Fee with be \$\$50.00 Steet Address (P.O. Box Number is Not Acceptable) Only The obligations of registered agent. Other Internation Address of New Registered Agent. Only Stop Arter May 1, 2006 Fee with be \$\$50.00 Steet Address of New Registered Agent. Only The OFFICERS AND DIPECTORS Intu Address of New Registered Agent. Name Randow Registered Agent. Steet Address of New Registered Agent. Nottop Registered Agent. <									
Zip Country S. Contriguent S. Contriguent S. Contriguent S. S. 75 Additional Pre-Propriet 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent BECKHAM, WILLIAM E Street Address (PO, Box Numbor is Not Acceptable) Street Address (PO, Box Numbor is Not Acceptable) MIAMI, FL 33122 Street Address (PO, Box Numbor is Not Acceptable) City FL Zip Code 8. The above named entry submits this statement for the purpose of changing its registered agent. City FL Zip Code SIGHATURE Exection Compared Agent aut the Leptable POTE Registered Agent system represent due registered agent. DATE SIGHATURE Exection Compared Agent system represent due registered agent. DATE DATE FILE MOWINI FEE IS \$150.00 9. Election Compared Agent system represent due registered agent. DATE Conce & Code 10. OFFICERS AND DIRECTORS IN 11 Mater Name, FL, 3000 FECTORS IN 11 Conce & Code Conce & Code 11. DP OFFICERS AND DIRECTORS IN 11 Mater Name, FL, 50, 77 Mater Name, FL, 50, 77 Conce & Code 11. DECKHAM, WILLIAME <td></td> <td></td> <td colspan="3">•</td> <td></td> <td>CR2E034 (</td> <td></td>			•				CR2E034 (
	Zip	Country	Zip	Country				75 Additional	
BECKHAM, WILLIAM E Street Address (P.C. Box Number is Not Acceptable) MIAMI, FL 33122 City FL Zp Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lean lamiliar with, and accept the obligations of registered agent. City FL Zp Code SiGMATURE 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. Lean lamiliar with, and accept the the obligations of registered agent. SiGMATURE OPTICE Regulated Agent agents of the device of the deviced its d		6. Name and Address of Current	Registered Agent	<u> </u>			Fee	· · · · · · · · · · · · · · · · · · ·	
2500 NW 73TH AVE SUITE 101 Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33122 City FL Zip Code City FL Zip Code City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligation of registered agent. City FL Zip Code SiGMATURE Borden fight or press one 9 segment loget and the 4 deckable (POTE Regress Agent segment loget and the 4 deckable (POTE Regress Agent segment loget and the 4 deckable IDE SiGMATURE Sigman fight or press one 9 segment loget and the 4 deckable (POTE Regress Agent segment loget and the 4 deckable (POTE Regress Agent segment loget and the 4 deckable IDE INTEL NOW::::::::::::::::::::::::::::::::::::	BECKHAM, WILLIAM E								
 A. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Flords. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE Build of prediction of operations of registered agent. SIGNATURE Build of predictions of registered agent. SIGNATURE Comment of the state of Products and the Packtable (NOE: Inspirated Agent agent and the Packtable (Note: State of Products Agent agent and the Packtable (Note: State of Products Agent agent and the Packtable (Note: State of Products Agent agent and the Packtable (Note: State of Products Agent agent and the Packtable (Note: State of Products Agent agent and the Packtable (Note: State of Products Agent agent and the Packtable (Note: State of Products Agent agent and the Packtable (Note: State of Products Agent agent				Street Address (P.O. Box Number is Not Acceptable)			
B. The above named study submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent. SIGMATURE Sigmant (post or presentation of the purpose of changing its registered office or registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent. SIGMATURE Sigmant (post or presentation of the purpose of changing its registered office or registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent. SIGMATURE Sigmant (post or presentation of the purpose of changing its registered office or registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent. Sigmant (post or presentation of the purpose of changing its registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent. Sigmant (post or presentation or			City	City Zip Code					
SIGNATURE growth (point prefer neme of inputered agent and lish of expectance (PADE: Regressed Agent agents or nemetance) DATE FILE NOWITI FEE IS \$150.00 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Bo Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Intel DP BECKHAM, WILLIAM E Delete Intel MAME Change \$Added to Fees NME DECKHAM, WILLIAM E Delete Intel MAME ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change \$\$Added to Fees NME DECKHAM, WILLIAM E Delete Intel MAME MAME Change \$\$Added to Fees NME DECKHAM, WILLIAM E Delete Intel MAME MAME Change \$\$Added to Fees NME DECKHAM, WILLIAM E Delete Intel MAME \$\$MERT ADDRES GO SOCE AN DR, UNIT 5K Change \$\$MAKE STORE CONSES \$\$22.00 JU (FL GES STORE CONSE) Change \$\$Addelion NME ALVAREZ, FAUSTO Delete Intel MAME \$\$MERT ADDRES STORE CONSES Change \$\$Addelion NAME GOS OCE AN DR, UNIT 5K STRET ADDRES STORE CONSES Change \$\$Addelio			r the purpose of changing its	registered office or	egistered age	nt, or both, in the State of		iar with, and accept	
Description fight or presend with of inpetient days and the inpetient legislate (POTE: Highered Agent and the inpetient legislate Date Date PILE NOW:III FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 P. Election Campaign Financing Trust Fund Contribution. \$5.00 May Bo Added to Fees 10. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS IN 11 11. Colspan="2">Change Maddition NME State of the inpetient legislate INTLE MARCHAM, WILLIAM E INTLE MARCHAM, WILLIAM E INTLE MILE MARCHAM, WILLIAM E INTLE MARCHAM WILLIAM E INTLE MILE MARCHAM WILLIAM E INTLE INDURS/CHANNESES TO FIFCERS AND DIRECTORS IN 11 INTLE INDURS/CHANNES STORE INDURS/CHANNESES TO FIFCERS AND DIRECTORS IN 11 INTLE INDURS/CHANNES STORE INDURS/CHANNESES TO FIFCERS AND DIRECTORS IN 11 INTLE INDURS/CHANNES STORE INDURS/CHANNESES TO FIFCERS AND DIRECTORS IN 11 INTLE INDURS/CHANNES STORE INDURS/CHANNESES TO FIFCERS AND DIRECTORS IN 11 INTLE INDURS/CHANNES <td>_</td> <td>tions of registered agent.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	_	tions of registered agent.							
After May 1, 2006 Fee will be \$50.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DP Detee TitLe Change Maddition NAME BECKHAM, WILLIAM E Street Addeds RAMON A - Ro D is a EZ Grange Maddition Street Addeds Trust Fund Contribution. Detere Mite RAMON A - Ro D is a EZ Grange Maddition Street Addeds Trust Fund Contribution. Detere Mite RAMON A - Ro D is a EZ Grange Maddition Street Addeds If the Street Addeds If the Street Addeds Mite Street Addeds Change Maddition NME FREYRE, ERNESTO Detere If the Street Addeds Change Maddition NME DC If the Street Addeds If the Street Addeds <td< td=""><td></td><td>Signature, typed or printed name of registered agent</td><td>and title if applicable. (NOT</td><td>E: Registered Agent signat:</td><td>required when rain</td><td>stating)</td><td>DATE</td><td></td></td<>		Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signat:	required when rain	stating)	DATE		
ITTLE DP □ Delee TTLE MAKE ■ Change ■ Addition MAME BECKHAM, WILLIAM E □ Delee TTLE MAME RAMON A. Ro Discust □ Change ■ Addition STRET ADDRESS 12500 VIRTUDES STREET □ Delea TTLE MAM, FL. 33156 □ Change ■ Addition TTLE DC □ Delea TTLE MARAU, FL. 33176 □ Change ■ Change ■ Change ■ Addition MAME FREYRE, ERNESTO □ Delea TTLE MAKE STRET ADDRESS I SZZO S. W. 85 A OF □ Change ■ Addition MAME GO OCEAN DR, UNIT 5K □ TTLE MAKE I SZZO S. W. 85 A OF □ Change ■ Addition MAME GO OCEAN DR, UNIT 5K □ TTLE MAKE I CARL DS LACAGSA □ Change ♥ Addition MAME ALVAREZ, FAUSTO □ Delea TTLE MAKE I CARL DS LACAGSA □ Change ♥ Addition MAME DV □ Delea TTLE MAK I CARL DS LACAGSA □ Change ♥ Addition MAME SIGTET ADDRESS SIGT I SIZE	FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.4			\$5.00 Ma Added to Fe	y Be les			
NAME BECKHAM, WILLIAM E STREE MORESS 12500 VIRTUDES STREET 12500 VIRTUDES STREET STREE MORESS TUT-ST-2P MIAMI, FL 33156 TILE DC TILE DC STREE MORESS STREE MORESS STREE MORES STREE MORES STREE MORESS		· · · · · · · · · · · · · · · · · · ·				ITIONS/CHANGES TO O			
ITTLE DC Delete ITTLE MAKE FREFYRE, ERNESTO MAKE FREFYRE, ERNESTO MAKE	NAME STREET ADORESS	BECKHAM, WILLIAM E 12500 VIRTUDES STREET	L Delete	NAME STREET ADDRESS	RANO 944)	S.W. 148 ST	uEZ	Change 🔀 Addition	
TITLE DV □ Delete TITLE DV □ Change Q Addition NAME ALVAREZ, FAUSTO □ Delete TITLE DV □ Change Q Addition STREET ADDRESS 5591 SW 88ST STREET ADDRESS 2225 S · W · 132 CT I 32 CT CITY-ST-ZIP MIAMI, FL 33114 CITY-ST-ZIP M, AM, FL · 3 D / 7S □ Change Q Addition NAME MINIET, OSCAR □ Delete TITLE V □ Change Q Addition NAME MINIET, OSCAR □ Delete TITLE V □ Change Q Addition STREET ADDRESS 2500 NW 79TH AVE. SUITE 101 STREET ADDRESS 10 B / 0 B · W 9 ST □ Change Q Addition STREET ADDRESS 10060 SHERIDAN ST, APT 109 STREET ADDRESS 3586 AvecAbo AveE CITY-ST-ZIP Coco N w T C Addition NAME MAME IntLe NME NAME NAME Addition NAME NOR MARN MORE/IS Addition STREET ADDRESS 10060 SHERIDAN ST, APT 109 STREET ADDRESS 3586 AvecAbo AveE CITY-ST-ZIP Coco N w T GROVE	NAME STREET ADDRESS	FREYRE, ERNESTO 605 OCEAN DR, UNIT 5K	Delete	NAME STREET ADDRESS	U. Mici 1527	+ <i>AEL KEE</i> 20 S-W. 85	ву ^[] Ао <i>е</i>	Change XAddition	
TILE DV □ Delete TILE V □ Change ☑ Addition NAME MINIET, OSCAR STREET ADDRESS 2500 NW 79TH AVE. SUITE 101 STREET ADDRESS 1 C 3 L O 3. U. 90 ST 1 C 3 J O 3. U. 90 ST CITY-ST-ZIP MIAMI, FL 33122 CITY-ST-ZIP MIAMI, FL 33122 □ Change ✓ Addition NAME MOLL, CARL H □ Delete TITLE V □ Change ✓ Addition NAME MOLL, CARL H □ Delete TITLE V □ Change ✓ Addition STREET ADDRESS 10060 SHERIDAN ST, APT 109 □ STREET ADDRESS 3586 AvccAbo AvE ✓ CITY-ST-ZIP PEMBROKE PINES, FL 33024 CITY-ST-ZIP COCO MUT GROUE, FL ✓ TITLE D U □ Delete TITLE V □ Change ✓ Addition NAME JACOBSON, MARC □ Delete TITLE V □ Change ☑ Addition NAME JACOBSON, MARC □ Delete TITLE V □ Change ☑ Addition NAME JACOBSON, MARC □ Delete TITLE V □ Change	NAME STREET ADDRESS	ALVAREZ, FAUSTO 5991 SW 88ST	🗋 Delete	NAME STREET ADDRESS	CARL ZZZ	55.W. 132	- cr	Change XAddition	
TITLE VT □ Delete TITLE V. □ Change Addition NAME MOLL, CARL H NAME NORMAN MORRIS STREET ADDRESS 10060 SHERIDAN ST, APT 109 STREET ADDRESS 3586 A vccAbo A use CITY-ST-ZIP PEMBROKE PINES, FL 33024 CITY-ST-ZIP Coco Nutr GRove, FL TITLE D □ Delete TITLE V. □ Change Addition NAME JACOBSON, MARC □ Delete TITLE V. □ Change Change Addition NAME JACOBSON, MARC □ Delete TITLE V. □ Change Change Addition NAME JACOBSON, MARC □ Delete TITLE V. □ Change Change Change STREET ADDRESS 115 E REVO ALTO DRIVE □ Delete TITLE V. □ Change Change Change Change Addition ITTLE D □ Delete TITLE NAME ALFREDOR ANDRIAL Change Change Chang	NAME STREET ADDRESS	MINIET, OSCAR 2500 NW 79TH AVE. SUITE 101	Delete	NAME STREET ADDRESS	PATI	RICIA MEN	۵ ۸ × ۵	Change 🙀 Addition	
TITLE D V Delete TITLE V: Change Addition NAME JACOBSON, MARC Instruction STREET ADDRESS ALFREDO ANDRIAL Change Addition STREET ADDRESS 115 E REVO ALTO DRIVE STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ALFREDO ANDRIAL Change Addition 12. I hereby certify that the information supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cash; 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.	NAME STREET ADDRESS	MOLL, CARL H 10060 SHERIDAN ST, APT 109	Delete	NAME STREET ADDRESS	V. NOR 358	MAN MORA 5 AVECADO	ם א-ט£	Change 😿 Addition	
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.	NAME STREET ADDRESS	JACOBSON, MARC 115 E REVO ALTO DRIVE	Delete	NAME STREET ADORESS	V. ALF	REDO AND	RIAL D	Change X Addition	
SIGNATURE:	indicated of the cor	t on this report or supplemental report is rporation or the receiver or trustee emp	true and accurate and that i owered to execute this report	my signature shall h t as required by Cha	ve the same le	gal effect as if made unde	er oath: that I am ai	n officer or director	
	SIGNAT			r		3/2/06 Date	305-7 Daytime	14-4535 Phone #	