2006 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # (9900060928 May 23, 2000 8:00 am a torrace Project, Inc **Secretary of State** 05-23-2000 90197 028 ***150.00 Principal Place of Business Mailing Address 705 SE. 2md Ct. Fort land, FU33301 2. Principal Place of Business 3042 N. Federal DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 65-093 Not Applicable tro \$8.75 Additional Country 5. Certificate of Status Desired AFee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Spiegel a Otrera 343 Almercia Dre. Street Address (P.O. Box Number is Not Acceptable) ; 士 こらつ Correl Gables, PU 33134 8. The above named entity within this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE FILE NOWILL FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 'Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/99) **Change** PSXD Delete Puto, Franklin # Philo, Franklin M 705 SE 2md Court 3042 N. Federal Huy # 200 STREET ADDRESS STREET ANDRESS CITY-ST-ZIP Font laudendele, PU 3330 " ST ZIP TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ Delete TITLE _ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITI F ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with-all other like empowered.

SIGNATURE: