			FILED Apr 29, 2005 8:00 an Secretary of State 04-29-2005 90233 021 ***150.00				
Mailing Address Mailing Addre	1. Entity Nam	e			04-29-2003	90255 021 ···· 130	5.00
SUID. Apt. #. dtc.     Suito. Apt. #. dtc.     01112005     Chy P     CR2E034 (10/03)       City & State     City & State     4. FEI Number     Applied F       City & State     City & State     4. FEI Number     Applied F       City & State     City & State     Country     5. Conficted of Status Desized     BS.7.5 Additional       City & State     Country     F. Elena and Address of Current Registered Agent     Name     State Address of New Registered Agent       BEFELER, GEORGE ESO     SUITE ATT STREET., SUITE 3100     Name     Street Address (P.O. Box Number is Not Acceptable)       MIAM, FL 33130     City & State     City & State     City & State     Date       City & State     PEREL NOWIL FEE IS \$55.0.00     P. Elenion Corruspic, Finanzing     State of Free B       After Mary 1, 2005 Cence     Dest     Name     City & State     Date       Market Registerie agent     Intel Address 10 OFFICERS AND DIRECTORS IN 11     Aboot in Free B     Abood in Free B       Nome     State Address 10 OFFICERS AND DIRECTORS     11.     Aboot in Free B     Orange       Nome     State Address 10 OFFICERS AND DIRECTORS IN 11     Aboot in Free B     Orange     0       Nome     State Address 10 OFFICERS AND DIRECTORS IN 11     Aboot in Free B     Orange     0       Nome     State Address 10 OFFICERS AND DIRECTO	80 SOUTHWE	EST 8TH STREET., SUITE 3100	80 SOUTHWEST 8TH	STREET., SUITE 3100			
City & State City	2. Principal P	lace of Business	3. Mailing Address				
20       Country       Zip       Country       5: Optimized procession       Sec.755.400000         30       6. Name and Address of Current Registered Agent       7: Name and Address of New Registered Agent       7: Name and Address of New Registered Agent         8. The above named ontity submits hits statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am lamilier with, and active the digitation of registered agent, or both, in the State of Florida. I am lamilier with, and active agent, or both, in the State of Florida. I am lamilier with, and active agent, or both, in the State of Florida. I am lamilier with, and active agent, or both, in the State of Florida. I am lamilier with, and active agent, or both, in the State of Florida. I am lamilier with, and active agent, or both, in the State of Florida. I am lamilier with, and active agent, or both, in the State of Florida. I am lamilier with, and active agent, and active agent. State address of agent.         Streat Address of Current State address       00ET Improve agent agent, or both, in the State of Florida. I am lamilier with, and active address of agent.         Streat Address of Current State address       00ET Improve agent agent address of Agent agent.       Date         FLE NOWIL FEE IS 150.00       9: Election Comparing Financing       \$5.00 May be Address to OFFICERS AND DirectORS NI 1         New       DFFLEER, MONIQUE T       10: Address	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	10 s. s.	01112005 Chg-P	CR2E034 (10/03)	
Controlled of Status Desired     Controlled     Controlled of Status Desired     Controlled     Controlled of Status Desired     Controlled     C	<u>```</u>		City & State				
BEFFLER, GEORGE ESO 80 SOUTHWEST 8TH STREET., SUITE 3100     Name       Street Address (P.O. Box Number is Not Acceptable)       City     FL       City     State Address (P.O. Box Number is Not Acceptable)       City     FL       City     State Address (P.O. Box Number is Not Acceptable)       City     City       State Address (FO.O. Box Number is N		56 Country	Zip	Country	5. Certificate of Status Desired		
BEFELER, GEORGE ESO BO SOUTHWEST BTH STREET, SUITE 3100 MAMI, FL 33130		6. Name and Address of Curren	t Registered Agent	Nama	7. Name and Address of New	Registered Agent	
B. The above named entity automits this statement for the purpose of changing its registered differ or registered agent, or both, in the State of Florida. I am familiar with, and ac the doublaines of registered agent. SIGNATURE Signart, typed or printed name of registered agent. SIGNATURE Signart, typed or printed name of registered agent. POTE TrageTOFTROM sequence upon of individuality IDATE Signart, typed or printed name of registered agent. POTE TrageTOFTROM sequence upon of individuality IDATE Signart, typed or printed name of registered agent. POTE TrageTOFTROM sequence upon of individuality IDATE SIGNATURE Signart, typed or printed name of registered agent. POTE TrageTOFTROM sequence upon of individuality IDATE SIGNATURE SIGNATURE Signart, typed or printed name of registered agent. POTE TrageToFTROM sequence upon of individuality IDATE SIGNATURE	MIAMI, FL	33130		City		F1 Zip Cod	le
ITTLE       DPS       Delete       TTTLE       NAME         BEFELER, GEORGE       STREET ADDRESS       BO SOUTHWEST 8TH STREET., SUITE 3100       STREET ADDRESS         STREET ADDRESS       DVP       Delete       TTTLE         MAME       BEFELER, MONIQUE T       Delete       TTTLE         MAME       BEFELER, MONIQUE T       ITTLE       NAME         STREET ADDRESS       GO SOUTHWEST 8TH STREET., SUITE 3100       STREET ADDRESS         CITY-ST-2P       ITTLE       NAME       STREET ADDRESS         STREET ADDRESS       GO SOUTHWEST 8TH STREET., SUITE 3100       STREET ADDRESS         STREET ADDRESS       GO SOUTHWEST 8TH STREET., SUITE 3100       STREET ADDRESS         CITY-ST-2P       ITTLE       NAME       STREET ADDRESS         STREET ADDRESS       CITY-ST-2P       CITY-ST-2P         TITLE       Delete       TTTLE       NAME         STREET ADDRESS       CITY-ST-2P       CITY-ST-2P       CITY-ST-2P         TITLE       Delete       TTTLE       NAME       STREET ADDRESS       CITY-ST-2P         STREET ADDRESS       CITY-ST-2P       CITY-ST-2P       CITY-ST-2P       CITY-ST-2P         TITLE       Delete       TTTLE       NAME       STREET ADDRESS       CITY-ST-			9. Election Comp	aign Financing 🔹	5 00 May Be		
STREET ADDRESS CITY-ST-2P       B0 SOUTHWEST 8TH STREET., SUITE 3100 MIAMI, FL 33130       STREET ADDRESS CITY-ST-2P         DVP BEFELER, MONIQUE T STREET ADDRESS CITY-ST-2P       DVP BEFELER, MONIQUE T STREET ADDRESS CITY-ST-2P       TITLE NAME       Intle NAME         STREET ADDRESS CITY-ST-2P       OITY-ST-2P       Delete       TITLE NAME       Change       A         STREET ADDRESS CITY-ST-2P       OITY-ST-2P       Delete       TITLE NAME       Intle NAME       Change       A         STREET ADDRESS CITY-ST-2P       TITLE       NAME       STREET ADDRESS CITY-ST-2P       Change       A         TITLE       Delete       TITLE       NAME       STREET ADDRESS CITY-ST-2P       Change       A         TITLE       Delete       TITLE       NAME       STREET ADDRESS CITY-ST-2P       Change       A         TITLE       Delete       TITLE       NAME       STREET ADDRESS CITY-ST-2P       Change       A         TITLE       NAME<	After Ma	ay 1, 2005 Fee will be \$550	1.00 Trust Fund Co	ntribution.	ded to Fees		
NAME     BEFELER, MONIQUE T     NAME       STREET ADDRESS     60 SOUTHWEST 8TH STREET., SUITE 3100     STREET ADDRESS       CITY-ST-2P     MIAMI, FL 33130     CITY-ST-2P       ITTLE     Delete     TITLE       NAME     STREET ADDRESS     CITY-ST-2P       ITTLE     NAME     STREET ADDRESS       CITY-ST-2P     CITY-ST-2P       ITTLE	After Ma	officers an	D DIRECTORS	ntribution. Ac	ded to Fees		
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NAME     NAME       STREET ADDRESS     CITY-ST-ZIP       TITLE     Delete       NAME     Delete       STREET ADDRESS     CITY-ST-ZIP       TITLE     Delete       STREET ADDRESS     CITY-ST-ZIP       CITY-ST-ZIP     Change       NAME     STREET ADDRESS       CITY-ST-ZIP     CITY-ST-ZIP       TITLE     Delete       TITLE     Delete       TITLE     Delete       STREET ADDRESS     CITY-ST-ZIP       CITY-ST-ZIP     CITY-ST-ZIP       TITLE     Delete       TITLE     Delete       STREET ADDRESS     CITY-ST-ZIP       CITY-ST-ZIP     Change       AME     STREET ADDRESS       CITY-ST-ZIP     STREET ADDRESS       CITY-ST-ZIP     Change       AME     STREET ADDRESS       CITY-ST-ZIP     Change       AME     STREET ADDRESS       CITY-ST-ZIP     STREET ADDRESS   <	After Ma 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS ANI OFFICERS ANI DPS BEFELER, GEORGE 80 SOUTHWEST 8TH STREET MIAMI, FL 33130 DVP BEFELER, MONIQUE T 80 SOUTHWEST 8TH STREET	DIRECTORS	Il.     Ac       11.     TITLE       NAME     STREET ADDRESS       CITY-ST-ZIP     TITLE       NAME     STREET ADDRESS       STREET ADDRESS     STREET ADDRESS	ded to Fees	Change	Add
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NAME         NAME           STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         STREET ADDRESS           12. I hereby certily 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 componential 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 dire 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	After Ma 10. IIILE NAME SIRET ADDRESS CITY-S1-ZIP TITLE NAME SIREET ADDRESS CITY-S1-ZIP TITLE NAME SIREET ADDRESS SIREET ADDRESS	OFFICERS ANI OFFICERS ANI DPS BEFELER, GEORGE 80 SOUTHWEST 8TH STREET MIAMI, FL 33130 DVP BEFELER, MONIQUE T 80 SOUTHWEST 8TH STREET	D DIRECTORS	11.         TITLE         NAME         STREET ADDRESS         CITY-ST-ZIP	ded to Fees	Change	Add
12. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informat 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 dire 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 changed, or on an attachment with an address, with all other like empowered.	After Ma 10. 111LE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS ANI OFFICERS ANI DPS BEFELER, GEORGE 80 SOUTHWEST 8TH STREET MIAMI, FL 33130 DVP BEFELER, MONIQUE T 80 SOUTHWEST 8TH STREET	D DIRECTORS	11.     Ac       11.     TITLE       NAME     STREET ADDRESS       CITY-ST-ZIP     TITLE       NAME     STREET ADDRESS       CITY-ST-ZIP     TITLE       TITLE     NAME       STREET ADDRESS     CITY-ST-ZIP	ded to Fees	Change	Add
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