

**FILED**  
**Apr 07, 2005 8:00 am**  
**Secretary of State**

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The seal of the State of Florida is a circular emblem. It features a central figure of a person standing on a small island, holding a bow and arrow. The figure is surrounded by a wreath. The outer ring of the seal contains the text "GREAT SEAL OF THE STATE OF FLORIDA" at the top and "IN GOD WE TRUST" at the bottom.

Mailing Address  
1518 BLUE ROAD  
CORAL GABLES, FL 33146

DO NOT WRITE IN THIS SPACE



02012005 No Chq-P CR2E034 (10/03)

4. FEI Number	Applied For
65-0952392	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

**9. Election Campaign Financing Trust Fund Contribution.**

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAZOS, ANDRES 1518 BLUE ROAD CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PAZOS, GRECIA 1518 BLUE ROAD CORAL GABLES, FL 33146
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/2005

Date \_\_\_\_\_

(305) 401-0578

Daytime Phone #