| 2 | 006 FOR PROFI | | ΓΙΟΝ | | |
|--|---|--|--|--|--------------|
| 1. Entity Nam | MENT # P99000089 | 470 | | 06 0CT -5 PU 2:03 | |
| Principal Place 910 S. DADE SUITE 1210 MIAMI, FL 33 | LAND BLVD 3156 | Mailing Address PO BOX 56-5808 MIAMI, FL 33256 | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | DELAND BLUD | | 11111 D(D |
| | | Suite 1250 City & State | | | lied For |
| MIAMI FL 33156 | | MIAMI, F | <u> </u> | 65-0969818 Not / | Applicable |
| ^{Zip} | 56 USA | ^{Zip} 33156 | Country | 5. Certificate of Status Desired Status Desired Status Desired Fee Required | onal |
| | 6. Name and Address of Current F | Registered Agent | Name | 7. Name and Address of New Registered Agent | |
| JOSEPHI CARUNCHO JOSE | | | | SEPH L. CARUNCHO | |
| | | | | ISS (P.O. BOX Number is Not Acceptable) | |
| MIAMI, FL 33156 | | | Sur | ite 1250 | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or register | | | | | 56 |
| | ions of registered agent. | the purpose of changing its | | | iu accept |
| | Signature, typed | nd title if opplicable, (NOTE | : Registered Agent signature rec | equired when reinstating} | |
| | E NOW!!! FEE IS \$150.00 wary 1, 2007, Fee will be \$300.00 | D | | In accordance with s. 607.193(2)(b), F. corporation did not receive the prior no | |
| 10. | OFFICERS AND I | | 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I | |
| TITLE NAME Street address City-st-zip | PSD CARUNCHO, JOSEPH L 16840 SW 82 AVE. MIAMI, FL 33157 | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | □ Change 3 (3)(7)(3)(5)(3)(7 1 1 10/35/6501045010 ++150. | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FERNANDEZ, ORLANDO L JR 411 SW 22 ROAD MIAMI, FL 33129 | Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | Change | Addition |
| TITLE NAME STREET ADORESS CITY-ST-ZIP | D POZO, JUSTO L 13255 OLD CUTLER RD PINECREST, FL 33156 | Delete | TITLE NAME STREET AODRESS CITY - ST - ZIP | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 🗋 Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change | Addition |
| indicated of the cor | on this report or supplemental report is | frue and accurate and that n wered to execute this report | ny signature shall have th as required by Chapter 6 | ined in Chapter 119, Florida Statutes. I further certify that the info the same legal effect as if made under oath, that I am an officer or 607, Florida Statutes; and that my name appears in Block 10 or E | r director |
| SIGNAT | URE: | RINTED NAME OF SIGNING OFFICER | OR DIRECTOR | 10/2/06 305-670-8 Date Date Daytime Proce # | <u>8440</u> |

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