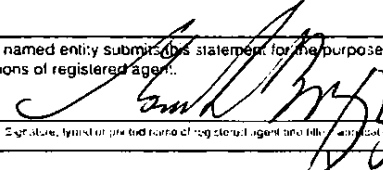
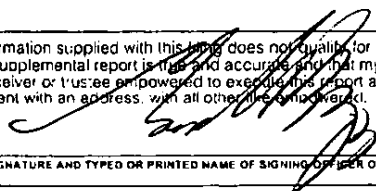


2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 OCT 25 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000108481			
1. Entity Name LATRUN MANAGEMENT, INC.			
Principal Place of Business 147 NW 167TH STREET NORTH MIAMI, FL 33169		Mailing Address 147 NW 167TH STREET NORTH MIAMI, FL 33169	
2. Principal Place of Business - No P.O. Box # 4044 N. Meridian Ave		3. Mailing Address 4044 N MERIDIAN AVE	
Suite, Apt. #, etc. 3A		Suite, Apt. #, etc. 3A	
City & State MIAMI BEACH		City & State MIAMI BEACH	
Zip 33140	Country DADE	Zip 33140	Country DADE
6. Name and Address of Current Registered Agent WARSHAWSKY, MOSHE 147 NW 167TH STREET NORTH MIAMI, FL 33169		7. Name and Address of New Registered Agent Name MORDECHAI BOAZIZ Street Address (P.O. Box Number is Not Acceptable) 4044 N MERIDIAN AVE # 3A City MIAMI BEACH FL Zip Code 33140	
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 		MORDECHAI BOAZIZ 10/23/07	
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BOAZIZ, MORDECHAI 4044 MERIDIAN AVE., #3A MIAMI BEACH, FL 33140 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D WARSHAWSKY, MOSHE 4044 MERIDIAN AVE., #3A MIAMI BEACH, FL 33140 ☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	100111490271 10/30/07--01021--009 **150.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D OZ, MICHAEL 4044 MERIDIAN AVE., #3A MIAMI BEACH, FL 33140 ☒ 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
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this form does not qualify for the exemptions contained in Chapter 119, 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 officers and directors.			
SIGNATURE: 		MORDECHAI BOAZIZ DIRECTOR 10/23/07 (305) 490-0600	

10/2600