## 2006 FOR PROFIT CORPORATION

## Feb 23 2006 08:00 AM

		ANTIYOA	<u> </u>	-runi				red 23,			
1. Entity Name	8	# P9900011 ELRY, INC.	1				Secr	etary	of St	ate	
Principal Place of Business				illing Address			]				
14 NE 1ST AVE			1	14 NE 1ST AVE			1				
806A				DBA			}				
MIAMI, FL 33132			- M	IAMI, FL 33132			F 6 8 8 8 7 8 8 1 8 3 1	. 18818 1813) BUSH BRAH BA	ENTE (( <b>184</b> ) ( <b>(51</b> ) <b>55</b>	11: 878/8 (5/8) 13:	(88)
2. Principal Place of Business			3. 1	3. Mailing Address							
Suite, Apt. II, etc.			-	Suite, Apt. III, etc.			02132008	Chg-P	CRZEG	34 (11/05)	
City & State			7	City & State			4. FEI Numb 65-097			<b></b>	plied For 1 Applicable
Złp		Country	7	ZIp		ntry	5. Cerificate of Status Desired   \$8.75 Additional Fee Required				
6. Name and Address of Current				ered Agent			7. Name and	Address of New	Registered /	Agent	
						Name					
GOMEZ, OLGA M 14 NE 1ST AVE					Street Address (P.O. Box Number is Not Acceptable)						
806A   MIAMI, FL 33132											
{						City	_ <del>-</del>		FL	Zip Code	9
	named entit	y submits this statement tered agent.	for the p	urpose of changing its	register	ed allice ar registe	red agent, or bo	ith, in the State of F	lorida. I am	famillar with,	and accept
SIGNATURE.											
0.0.0.7.10.7.2.2	Signature, typed	or printed name of registered ag	ent and title	f epplicable. (NO)	re: Register	eti Agent signature requirer	d when reinstating)		OATE	<u></u>	
		FEE IS \$150.00 6 Fee will be \$55	0.00	9. Election Camps Trust Fund Con			.00 May Ba ded to Fees				
10.		OFFICERS AN	VD DIREC		11.		ADDITIONS	CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11
TITLE	PD			Delete	.e {				☐ Change		
NAME GOMEZ, OLGA M					NAA						
STREET ADDRESS 14 NE 1ST AVE, #806A CHY-SI-ZIP MIAMI, FL 33132				STREET A							
DILE	D Delete 1									Channe	Addition
NAME				CT General	ME {	U00000444512 □ change □ Addition 03/07/06-80004-012 150.00					
STREET ADDRESS 14 NE 1ST AVE # 806A					EET ADORESS	02404400_00004_015 120-00					
CTTY-ST-2IP MIAMI, FL 33132				- <u> </u>	CIT	Y-ST-ZIP					
TITLE	D			☐ Delete	Ţσι	)				Change	Addition
NAME CESPEDES, OMAR STREET ADDRESS 14 NE 1ST AVE. # 806A					NAN CTT	ME BEET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	MIAMI, F			•		Y-ST-ZIP					
DILE	{ (NO WAY)			☐ Deleje	nn		<del></del> _			☐ Change	Addition
NAME	{			EJ Deicie	NAM	· }					
STREET ADDRESS	}				STR	SEET ADDRESS					
GITY-ST-ZIP					cir	Y-ST-ZIP					
TITLE	•			Dolete	TITE					☐ Change	Addition 🗎
NAME STREET ADDRESS	1				NA	WE WEET ADDRESS					
CITY-ST-ZIP	{					Y-ST-21P					
TITLE	<del> </del>			☐ Delete	101	LE LE				☐ Change	Addition .
NAME	}				NAX	ME					
STREET ADDRESS	}					REET ADDRESS					
CITY-ST-ZIP	1	<del></del>		<del></del>		Y-SI-ZIP			1.6	- 16 A	_1
12. I hereby indicated	certify that the con this repo	ne information supplied of the information supplier supplier and in the receiver or trustee en achment with an address	with this f if is true	iling does not qualify i and accurate and that	tar the ex my sign:	kemptions containe ature shall have the	eo in Chapter 11 ga <u>me</u> legal elle	et as it made unde	<ul> <li>→ luriner cer er oath; that !</li> </ul>	am an office	niormation r or director
of the co	rporation or i i, or on an atl	ine receiver or trustee er achment-with an addres	mpowere ss, with a	a to execute this repoi il other like empowere	rias r <del>eq</del> u d.	urea by Chapter 60	ir, riorida Statul	es; and that my ha	me appears	nt arock 10 6	זו דו אסטום ה
}		Flo XIA	<i>t</i> _		_		01	2 - 13 -	0 6	-	
SIGNATURE: SIGNATURE: Device AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR DOUG DAYSING PROOF &											

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICEN OR DIRECTOR