2006 FOR PROFIT CORPORATION

FILED Jan 09, 2006 8:00 am Secretary of State

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1. Entity Nan		# V35353 ES, INC.			01-09-2006 90033 020 ***150.00					
Principal Place of Business Mailing Address						7	_			
8700 WEST FLAGLER ST			8700 WEST FLAGLER ST			40000281				
#105 #105						4020	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
MIAMI, FL 3	33174-2428	US	MIAMI, FL 33174-242	28 US				 	61211 61611 718	HEED II 1881
Principal Place of Business 3. Mailing Address										
2. Principal Flace of Business			3. Mailing Address					IIII BILIII DELII LII	ISI OLUH DULIH UM	LILOI II I il
Suite, Apt. #, etc.			Suite, Apt. #, etc.			-	Ob. 5	00050	04 (44)05)	
						01032006	Chg-P	CRZEC	34 (11/05)	
City & State			City & State			4. FEI Number			Ap	oplied For
						65-0332006 Not Applicable				
Zip Country		Zip Co		try	5. Certificate of	f Status Desired		\$8.75 Add		
6 Name and Address of Curren			t Pegistered Agent	L	ı	7 Name and	Address of New	Postetorod :	Fee Require	0
6. Name and Address of Current Registered Agent					Name	7. Haire and a	ROUTESS OF NEW	Catholeten v	gent	
ALVAREZ, ANA M										
8700 WEST FLAGLER ST					Street Address	(P.O. Box Number	is Not Acceptab	ole)		
#105 MIAMI, FL 33174-2428										
IVIIAIVII, FL	. 33174-24	20								
					City			FL	Zip Cod	e
8. The above	named entity	submits this statement f	or the purpose of changing its	registere	ed office or registe	ered agent, or both	, in the State of F	lorida. Lam	amiliar with,	and accept
the obliga	tions of registe	red agent.								
SIGNATURE,		-	_							
NAMES OF TAXABLE PARTY.	Signature, typed or	r printed name of registered agon	t and title if applicable (NO)	E: Registered	d Agent signature requir	ed when reinstating)		DATE		
				· =						
		FEE IS \$150.00 Fee will be \$550.	9. Election Campa Trust Fund Con			5.00 May 8e ded to Fees				
	uy 1, 2000									
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OF	FICERS AND	DIRECTORS	S IN 11
HILE	PSTD		☐ Delete	TITLE	i				Change	☐ Addilion
NAME STREET ADDRESS	ALVAREZ, ANA M 8700 WEST FLAGLER ST #105			NAME	ET ADDRESS					
CITY-ST-ZIP	MIAMI, FL 331742428			1	-ST-ZIP					
TITLE	VP		☐ Delete	TITLE					Change	Addition
NAME				NAME	l				onlings	E Madition
STREET ADDRESS				STREE	ET ADDRESS					
CITY-ST-ZIP	MIAMI	FC 3314		CITY-	-ST - ZIP					
THE			☐ Delete	TITLE	l l				Change	Addition
NAME	_			NAME	!					
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP					
TITLE	-									
NAME			☐ Delete	TITLE NAME					☐ Change	Addition
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP	:T-2!P				-ST-ZIP					
TITLE			☐ Delete	IITLE		<u> </u>			☐ Change	Addition
NAME			NAM							
STREET ADDRESS					ET ADDRESS					
CITY-ST-ZIP				CITY-	ST-ZIP			.==.		
	 									
TITLE			☐ Delete	IITLE					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS			☐ Delete	NAME					☐ Change	Addition

12. I hereby certify that the information supplied with this filling 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 like empowered.

SIGNATURE:

305-592-252