

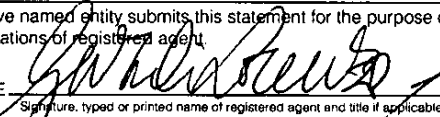


FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90049 014 ***150.00

| | | | | | |
|---|--|---|--|--|---|
| DOCUMENT # V42686 | |  | | Secretary of State | |
| 1. Entity Name CHE, TANO INC. | | | | 05-01-2007 90049 014 ***150.00 | |
| Principal Place of Business 13726 SW 88 STR MIAMI, FL 33186 US | | Mailing Address 15996 SW 109 ST MIAMI, FL 33196 US | | 40050401 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address 16155 S.W. 86 Ter | |  | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 03212007 Chg-P CR2E034 (12/06) | |
| City & State | | City & State Miami, Florida | | 4. FEI Number 65-0344236 | |
| Zip | | Zip 331963 | | Country USA | |
| Country | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| DILORENZO, GRACIELA 15996 SW 109 ST MIAMI, FL 33196 | | | | Name Dilorenzo, Graciela | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | 16155 S.W. 86 Ter. | |
| | | | | City Miami FL Zip Code 33193 | |
| 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  | | | | DATE 04/28/07 | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP DILORENZO, GRACIELA 10822 SW 89 LN MIAMI, FL 33176 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS MEDINA, SANDRA 9104 SW 151 COURT MIAMI, FL 33196 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing 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: