MI ami Fl. 33 Us		M iami Fl 3314 3 US						
	Place of Business 5 5 W 132 ST #, etc.	3. Mailing Address 8865 Se Suite, Apt. #, etc.	W 132	57	DO NOT WRITE	E IN THIS SPACE	IOII 4 1011 01611 1001	
City & State City & State			·	A CCUM-			[A c c.	
MIAMI, FL MIAMI					4. FEI Number 65-0364303		Applied For Not Applicable	
Zip 33176 Country USA Zip 33176			Country		5. Certificate of Status Desired	□ \$8.75 Fee Requ	Additional uired	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
SCHARLIN, HOWARD R				Name DAVID MICHAEL SCHARLIN				
1399 SW 1ST AVE				Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33130			8865 SW 132 ST					
			City	M	1AM)		33176	
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.								
SIGNATURE								
SIGNATURE _	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: R	egistered Agent signal	ture required	when reinstating)	DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! F After May 1, 2002 I Make Check Payable to			Fee will be \$5	550.00	10. Election Campaign Finar Trust Fund Contribution.	~ _ ~~	.00 May Be ded to Fees	
11.	OFFICERS AND DI	RECTORS	12.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	ORS IN 11	
TITLE	PTD COMADUM DAVAD MICHAEL	☐ Delete	TITLE		-	Chang	ge Addition	
NAME STREET ADDRESS	SCHARLIN, DAVID MICHAEL 3 635 Battersea R D.		NAME STREET ADDRESS	886	5 SW 132 ST.	•		
CITY-ST-ZIP	MIAMI FL.		CITY-ST-ZIP		AM, FL 33171			
TITLE	PSD	☐ Delete	TITLE			Chang	je 🔲 Addition	
NAME STREET ADDRESS	FISHER, RANDALL C7540 SW 114 STREET		NAME Street address	88%	65 SW 132 ST.	,-		
CITY-ST-ZIP	_MIAMI FL 33156		CITY-ST-ZIP	MI	AMI, FL 331	H.		
TITLE		☐ Delete	TITLE			☐ Chang	e Addition	
NAME STREET ADDRESS		• • • • • •	NAME		• •		-	
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Chang	e 🔲 Addition	
NAME STREET ADDRESS			NAME				1	
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE	·	☐ Delete	TITLE			Chang-	e Addition	
NAME STREET ADDRESS			NAME					
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				ļ	
TITLE		☐ Delete	TITLE		- -	Change	e	
NAME			NAME			sung	- 10000011	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
				i .			I .	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. COURDAND MICHAEL SCHARLIN

SIGNATURE: