## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## **DOCUMENT #**

F99000004563

1. Entity Name GIROMEX, INC.



Mar 04, 2003 8:00 am Secretary of State 03-04-2003 90062 022 \*\*\*150.00

**FILED** 

Principal Place of Business 2635 CAMINO DEL RIO SOUTH, SUITE 309 SAN DIEGO CA 92108

Mailing Address

2635 CAMINO DEL RIO SOUTH, SUITE 309

SAN DIEGO CA 92108

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2. Principal	ess	•						(BIH 0011		J <b>e 1</b> 88 <b>6</b> 110 1 <b>34</b> 1				
		del R.South	3. Mailing Address											
Suite, Apt	# etc	der R.South	2635 Camigo del R.South Suite, Apt. #, etc.											
309	, 0.0.	309 · 4					☐ CHECK HERE IF MAKING CHANGES							
City & Sta														
		City & State					4. FE	I Number 33-042	22200			Applied For		
San Diego, CA.			San Diego, CA.							.2203			Not Applicable	
Zip	, , , , , , , , , , , , , , , , , , , ,					Country		•			_	\$8.75 A	dditional	
92108 U.S.A.		92108		U.5	U.S.A.		<b>5.</b> Ce	ertificate of Status De	esired		Fee Requi	red		
S	6. Name a	egistered Agent				7. Name and Address of New Registered Agent								
							-Name							
C T CORPORATION SYSTEM														
1200 SOL		Street Address (F				Number is Not Acc	eptable)							
1200 SOUTH PINE ISLAND ROAD										_				
PLANIAII	ion FL 33324	}						-						
_				ļ										
•						City					FL	Zip Co	de	
8. The above	e named entity	submits this statement for t	he nurnos	e of changing its	conintore	d office or								
the obligat	tions of register	ed agent	di pui posi	e or changing its i	egistere	ed office or	registere	a agen	it, or both, in the Sta	te of Florid	a. Iam	familiar with	n, and accept	
		THE TOO												
SIGNATURE		799		Juan C	TO	brija	. n.			, U	2/2	4/200	2	
	Signature, typed or	printed martie of registered agent and	title if applical	ble. (NOTE	Registered	Agent signatur	re required w	hen reins	ident		DATE	<del>1</del> /200.	<u>,                                      </u>	
-	II E MOMINI	FFF 10 4450 00			<del></del>			- 1"	<del></del>				<del>-</del>	
FILE NOW!!! FEE IS \$150.00									9. Election Campa	sian Cinna	-i	^-		
After May 1, 2003 Fee will be \$550.00								-	Trust Fund Con				<b>00</b> May Be	
Make Check Payable to Florida Department of State									irdstrand Con	unbation.		→ Adde	ed to Fees .	
10.		OFFICERS AND D	RECTORS		11,			ADDI	TIONS/CHANGES T	O OFFICE	DS ANI	DIRECTO	20 IN 11	
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NAME	MULLER, JA				NAME							Snange	Addition	
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CITY-ST-ZIP	SAN DIEGO	CA 92108			CITY-									
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	RIOS, OLIVIA	<u>}</u>		Delete	HTITLE	~~ ·	-			, .	.÷ .	- 🗔 Change	☐ Addition	
			UTF AAA		NAME									
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	<b>ECHEVERRIA</b>			7645001010	NAME								☐ Addition	
STREET ADDRESS	<b>2635 CAMIN</b>	o del rio south, su	ITE 309			T ADDRESS							ł	
CITY-ST-ZIP	SAN DIEGO	CA 92108			CITY-S								ì	
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12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if Ke empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRBUan C. Lebrija, President

02/24/2003

Daytime Phone #