2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE AND TYPED OR PRIN

MAME OF SIGNING OFFICER OF DIRECTOR

Jan 09, 2003 8:00 am Secretary of State P01000076687 DOCUMENT # 1. Entity Name 01-09-2003 90027 036 ***150.00 MGV AND ASSOCIATES, INC. Principal Place of Business Mailing Address 801-71ST STREET 801-71ST STREET MIAMI FL' 33138 MIAMI FL 33138 2. Principal Place of Business 3. Mailing Address Street 801 NE 801 KE Suite, Apt. #, etc. Suite, Apt. #, etc. M CHECK HERE IF MAKING CHANGES NIA City & State City & State 4. FEI Number Applied For Miami Miami 65-1128968 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33 (3°2 33132 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GARCIA-VIDAL GARCIA-VIDAL, MIGUEL . Street Address (P.O. Box Number is Not Acceptable) 801-71ST STREET HOMESTEAD FL 33032 Zip Code Miami 33138 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 ager SIGNATURE Signature, typed or printed registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE TITLE ☐ Delete President ☐ Addition NAME VIDAL, MIGUEL G NAME GARCIA-VIDAL Miguel 801 NG 71 Street STREET ADDRESS 801-71ST STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33138 CITY-ST-ZIP FL 33138 Miami TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered.

FILED