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Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90244 034 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000087541

1. Entity Name
LABSA CORPORATION

20034365

Principal Place of Business	Mailing Address
7313 NW 56TH STREET MIAMI, FL 33166	7313 NW 56TH STREET MIAMI, FL 33166

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
6471 Main Street		6471 Main Street	
Suite, Apt. #, etc. #1-202		Suite, Apt. #, etc. #1-202	
City & State Miami Lakes, Fl		City & State Miami Lakes, Fl	
Zip 33014	Country U.S.	Zip 33014	Country U.S.

4. FEI Number 65-1136529 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROMAGNOLLI, DANIEL
9790 E BAY HARBOR DR #4
BAY HARBOR ISLANDS, FL 33154

7. Name and Address of New Registered Agent

Name ROMAGNOLI, DANIEL
Street Address (P.O. Box Number is Not Acceptable) 6471 Main Street
#1-202
City Miami Lakes **FL** Zip Code 33014

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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD	☐ Delete
NAME	ROMAGNOLLI, DANIEL	
STREET ADDRESS	9790 E BAY HARBOR DR #4	
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154	
TITLE	SD	☐ Delete
NAME	LOPEZ, MARIO GUSTAVO	
STREET ADDRESS	9790 E BAY HARBOR DR #4	
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	☑ Change	☐ Addition
NAME	ROMAGNOLI, DANIEL		
STREET ADDRESS	6471 Main Street #1-202		
CITY-ST-ZIP	Miami Lakes, FL 33014		
TITLE	SD	☑ Change	☐ Addition
NAME	LOPEZ, MARIO GUSTAVO		
STREET ADDRESS	6471 Main Street #1-202		
CITY-ST-ZIP	Miami Lakes, FL 33014		
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
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 like empowered.

SIGNATURE: ____________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)