04/11/2003 16:16 FAX 305 374 2919

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Secretary of State
05-05-2003 91164 001 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000102904

1. Entity Name
SHIBUI DATA CORP.

10-23-02

Principal Place of Business	Mailing Address
501 BRICKELL KEY DRIVE, SUITE 602 MIAMI, FL 33131	501 BRICKELL KEY DRIVE, SUITE 602 MIAMI, FL 33131

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
11885 SW 62nd Ave.		11885 SW 62nd Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Miami, Florida		City & State: Miami, FL.	
Zip: 33156	Country: USA	Zip: 33156	Country: USA

4. FEI Number: 03-0489880 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PEREZ, SUZANNE A 501 BRICKELL KEY DRIVE, SUITE 602 MIAMI, FL 33131	Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code

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

[redacted]

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	D KRELL, ROBERTO 501 BRICKELL KEY DRIVE, SUITE 602 MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ~~Roberto~~ Krell, Roberto 11885 SW 62nd Ave. Miami, FL. 33156 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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: Roberto Krell, CEO 4/13/03 (305) 661.5229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #