FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State
04-16-2003 90190 048 ***150.00

DOCUMENT # P02000104625

1. Entity Name
EDRO PROPERTY INVESTMENTS, INC.

DO NOT WRITE IN THIS SPACE

90089301

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
18151 NE 31 CT	18151 NE 31 CT
Suite, Apt. #, etc.: APT 1814	Suite, Apt. #, etc.: APT 1814
City & State: AVENTURA, FL	City & State: AVENTURA, FL
Zip: 33160 Country: USA	Zip: 33160 Country: USA

4. FEI Number: 52-2383823 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: DOMINGO ALONSO
Street Address (P.O. Box Number is Not Acceptable): 301 ALMERIA AVENUE
SUITE 103
City: CORAL GABLES FL Zip Code: 33134

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	D	TITLE	
NAME	EDUARDO RODRIGUEZ	NAME	
STREET ADDRESS	18151 NE 31 CT	STREET ADDRESS	
CITY - ST - ZIP	AVENTURA, FL 33160	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Eduardo R.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

STF FL32381F.1