2004 FOR PROFIT CORPORATION

FILED May 10, 2004 8:00 am Secretary of State 04-23-2004 90206 045 ***150.00

| DOCUMENT # P03000150419 1. Entity Name CORPVNET INTERNATIONAL, INC. | | | | | | | | | | |
|--|--|--|--|--|--|--|--|-----------------------------------|---|--|
| Principal Place | of Business | Mailing Address | Mailing Address | | | | | | | |
| 3785 NW 82 | ND AVE. | 3785 NW 82ND AVE. | · · · · · - - · · · · · · · · · · · · · · · · · · · | | | | | = = | | |
| STE 102 Miami, FL 33 | 3166 | STE 102 MIAMI, FL 33166 | STE 102 MIAMI, FL 33166 | | | 818 8 1614 6 8611 6 8 71 8 2 71 | | | 13(II (14)) | |
| 2. Principal Pl | ace of Business | 3. Mailing Address | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | Chg-P | CR2E034 (10 | 0/03) | | |
| City & State | | City & State | | | 4. FEI Number | 01600 | | Not | Applicable | |
| Zip | | | Count | r y | 5. Certilicate o | f Status Desired | | 5 Addi equired | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent Name | | | | | | |
| LOPEZ, REINALDO | | | | | | | | | | |
| 3785 NW 8 STE 102 | 2ND AVE. | • | Street Address | | | (P.O. Box Number is Not Acceptable) | | | | |
| MIAMI, FL 33166 | | | | | | | | | | |
| | | | | City | | | FL Zi | p Code | $\overline{}$ | |
| 8. The above the obligati | named entity submits this statement ons of registered agent. | or the purpose of changing its | registere | ed office or register | red agent, or both | , in the State of Flo | rida. I am (amilia | r with, 8 | and accept | |
| SIGNATURE | Signature, typed or printed name of registered ages | n and title if applicable. (NOT | E: Registered | I Agent signature required | d when reinstating) | | DATE | | | |
| Fili After Ma | E NOWIII FEE IS \$150.00 By 1, 2004 Fee will be \$550 | 9. Election Campa Trust Fund Con | | | .00 May Be led to Fees | | | | | |
| 10. | OFFICERS AN | DIRECTORS | 11. | | ADDITIONS/C | HANGES TO OFF | ICERS AND DIRE | CTORS | IN 11 | |
| TITLE NAME | D LOPEZ, REINALDO | Delete . | TITLE NAME | 1 | | | □ c | hange | ☐ Addition | |
| STREET ADDRESS 3785 NW 82ND AVE. | | | | ET ADORESS | | | | | 1 | |
| CITY-ST-ZIP | MIAMI, FL 33166 | | CITY- | ST-ZIP | | | | | | |
| TITLE | | Delete | TITLE | 1 | | | | hange | Addition | |
| NAME Street address | | | NAME STREE | ET ADORESS | | | | | | |
| CITY-ST- ZP | | | CITY | ST-ZIP | | | | | 1 | |
| TITLE | | ☐ Delate | TITLE | | | | □ ¢ | hange | Addition | |
| NAME STREET ADDRESS | | | NAME | ET ADORESS | | | • | _ | ≠ ¦ | |
| CITY-ST-ZIP | • | | | ST-ZIP | | | | | | |
| TITLE | | Delete | TITLE | | | | | trange | Addition | |
| NAME STREET ADDRESS | | | NAME | E Et adoress | | | | | | |
| CITY-5T-ZIP | | | | -ST-ZIP | | | | | Ì | |
| IIITE | | ☐ Deleta | TITLE | | | | | hange | Addition | |
| NAME STORES ADDRESS | | | NAME | | | | | | | |
| STREET ADORESS CITY-ST-ZIP | | | | ET AOORESS - ST-ZIP | | | | | | |
| TITLE | | ☐ Dededa | TITLE | | | | | hange | ☐ Addition | |
| NAME PROCES ADDRESSES | | | NAME | li i | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | , | | ET ADORESS - ST-ZIP | | | | | i j | |
| 12. I hereby a indicated of the cor changed. | certify that the information supplied with a report or supplemental report poration or the receiver or supplemental report or on an attachment with an address | th this lifty costs not quality to its true and occurred and their powered to execute this report with all other like ampowered | y the exer | mption stated in Se | ection 119.07(3)(i same legal effect 7, Florida Statutes | , Florida Statutes. as if made under and that my nam | further centify that the amen and an expense in Bloc | at the in officer (k 10 or | lormation or director Block 11 if | |
| SIGNAT | URE: YUNE | 667 M. | | | 4 | 16/04 | | | | |
| | SOMETURE ADDITIONS | MONTH WAS SOUTH OFFICE | OR DIRECT | TOPI | | Cale | Oaysme ! | hone # | | |