2003 FOR PROFIT CORPORATION

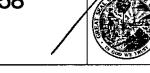
UNIFORM BUSINESS REPORT (UBR

DOCUMENT#

1. Entity Name

P99000094858

10 S ENTERPRISES, INC.



FILED Aug 11, 2003 8:00 am Secretary of State

08-11-2003 90283 008 ***550.00

Principal Plac 1848 SW 1171 MIAMI FL 331		1848 SW 11	Mailing Address 1848 SW 11TH TERR MIAMI FL 33135							
2. Principal P	lace of Business	3. Mailing A	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & Stat	е	City & Sta	City & State			4. FEI Number 65-0958875			plied For t Applicable	
Zip	Country	Zip		Country	5. (Certificate of Status Desired		75 Add Required	itional	
	6. Name and Address of Curren	t Registered Age	ont	ســــا <u>ــــ</u> ا	7 1	Name and Address of New Regi	stered Agen	t ~~~~		
	•		*****	Name						
MANGUART, JULIO E					1-1 (D.O. D.	to blook on to blok A				
	11TH TERR		Street Add			lress (P.O. Box Number is Not Acceptable)				
MIAMI FL	in the second se									
·¶		•		City			FL	Zip Code		
8. The above the obligat	named entity submits this statement ions of registered agent.			gistered office or			a. I am famili	ar with, a	and accept	
After Se	ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$75 c Payable to Florida Department		,			Election Campaign Financ Trust Fund Contribution.		Added	May Be to Fees	
10.	OFFICERS AND	DIRECTORS		11.	AD	DITIONS/CHANGES TO OFFICE	RS AND DIR	ECTORS	IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Saad, Raul 1848 SW 11TH TERR Miami Fl 33135		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAAD, GABRIELA 1848 SW 11TH TERR MIAMI FL 33135	[□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			Change	Addition	
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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: