03/31/2003 15:33 SOFIA POWELL-COSIO → 3053659491

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Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 91211 007 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000005791

1. Entity Name

PEBBLESTONE WORLDWIDE LIMITED CORP.

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11005140

2. Principal Place of Business	3. Mailing Address
1900 SW 3rd Avenue	1900 SW 3rd Avenue
Suite, Apt #, etc	Suite, Apt #, etc
City & State: Miami, Fl	City & State: Miami, Fl
Zip: 33129 Country: USA	Zip: 33129 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1151603 — Applied For / Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: SOFIA POWELL-COSIO P.A.

Street Address (P.O. Box Number is Not Acceptable): 1900 SW 3rd Avenue

City: Miami FL Zip Code: 33129

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: Sofia Powell-Cosio

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Checks 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	PSD
NAME	LEITE JR. PAULO
STREET ADDRESS	RUA IPANEMA
CITY-ST-ZIP	991504 RIO DE JANEIRO, BRAZIL
TITLE	D
NAME	LEITE, LIA
STREET ADDRESS	RUA IPANEMA
CITY-ST-ZIP	991504 RIO DE JANIRO, BRAZIL

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

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #