

DOCUMENT # F02000004774



FILED

05 FEB 18 PM 12: 10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02012005 REIN-P CR2E098 (6/04)

4. FEI Number	98-0399903	Applied For
NOT APPLICABLE		Not Applicable

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

6. Name and Address of Current Registered Agent

PAEZ, EDGAR
21050 NE 38TH AVE., #2103
AVENTURA, FL 33180

7. Name and Address of New Registered Agent

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 of applicant.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> Delete
NAME	PAEZ, EDGAR	
STREET ADDRESS	CRA 14 N 110-62, SUITE 503	
CITY - ST - ZIP	BOGOTA, COLOMBIA	

TITLE	VCV	<input type="checkbox"/> Delete
NAME	PAEZ, ALEJANDRO	
STREET ADDRESS	CRA 14 N 110-62, SUITE 503	
CITY - ST - ZIP	BOGOTA, COLOMBIA,	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	DATE	TIME	LOCATION	STATUS	DELETE
NAME					
STREET ADDRESS					
CITY-ST-ZIP					

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	VCD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LILIANA PAEZ		
STREET ADDRESS	21050 NE 38th Ave #2103		
CITY - ST - ZIP	Aventura FL 33180		

TITLE	1/	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800047506368
STREET ADDRESS	03/01/05--01050--015 **308.75
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDGAR PAEZ 02/16/05

De's

Daytime Phone # _____

329-4151
301-~~45~~-52

2/24 30