2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Feb 27, 2003 8:00 am Secretary of State F95000001281 DOCUMENT # 1. Entity Name 02-27-2003 90167 001 ***158.75 DEVTECH NETWORKS, INC. Principal Place of Business Mailing Address 9350 S DIXIE HWY 9350 S DIXIE HWY PH-1 PH-1 MIAM! FL 33156 MIAM! FL 33156 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0563519 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SANGUINETTY, JORGE:A _ ---Street Address (P.O. Box Number is Not Acceptable) 9350 S DIXIE HWY STE PH-1 MIAMI, FL 33156 City 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** FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ALVAREZ, ALBERTO A NAME STREET ADDRESS 9350 S. DIXIE HWY., SUITE PH-1 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33156** CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME SANGUINETTY, MERCEDES NAME STREET ADDRESS 9350 S. DIXIE HWY., SUITE PH-1 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33156** CITY-ST-ZIP TITLE DC ☐ Delete TITLE ☐ Change ☐ Addition NAME SANGUINETTY, JORGE A NAME STREET ADDRESS 9350 S. DIXIE HWY., SUITE PH-1 STREET ADDRESS CITY-ST-ZIP MIAMI FL-33156 CITY-ST-ZIP* - = TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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

SIGNATURE:

FILED