2003 FOR PROFIT CORPORATION

FILED Mar 19, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** J87640 **DOCUMENT #** 1. Entity Name 03-19-2003 90133 004 ***150.00 VALLADARES MANUFACTURING INC. Principal Place of Business Mailing Address 220 NW 27TH STREET 220 NW 27TH STREET MIAMI FL 33127 MIAMI FL 33127 US 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 65-0065664 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VALLADARES, ENRIQUE Street Address (P.O. Box Number is Not Acceptable) 220 NW 27TH STREET MIAMI FL 33127 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITL F Addition NAME VALLADARES, ENRIQUE NAME STREET ADDRESS 220 NW 27TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33127 CITY-ST-ZIP TITLE ☐ Delete TITLE [] Change ☐ Addition NAME VALLADARES, ENRIQUE NAME STREET ADDRESS 220 NW 27TH STREET STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33127** CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME VALLADARES, ANA NAME STREET ADDRESS 220 NW 27TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33127 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 tustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

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