FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90582 023 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000007537

1. Entity Name
LA PERLA DISTRIBUTORS, LLC

Principal Place of Business	Mailing Address
9200 E. BAY HARBOUR DR., #16 MIAMI, FL 33154	9200 E. BAY HARBOUR DR., #16 SUITE 5120 MIAMI, FL 33154

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
10124 ARBOR RUN DR		10124 ARBOR RUN DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: TAMPA FLORIDA		City & State: TAMPA FLORIDA	
Zip: 33647	Country: USA	Zip: 33647	Country: USA

4. FEI Number: 65-1109380 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BLANCO, CARLOS 1705 SW 83RD CT. MIAMI, FL 33155-1156	Name: PASAN INVESTMENT INC. Street Address (P.O. Box Number is Not Acceptable): 2310 W WATERS AV SUITE D City: TAMPA FL Zip Code: 33604

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] 4-30-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ALVAREZ, ROBERTO 9200 E. BAY HARBOUR DR., #16 MIAMI, FL 33154 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 10124 ARBOR RUN DR TAMPA FL 33647
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SERNA, MARIA M 9200 E. BAY HARBOUR DR., #16 MIAMI, FL 33154 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 10124 ARBOR RUN DR TAMPA FL 33647
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 04/30/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #