2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000010247

1. Entity Name

X - POSE, L.L.C.

Principal Place of Business	Mailing Address
8719 SW 124TH AVENUE MIAMI FL 33183	8719 SW 124TH AVENUE MIAMI FL 33183

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	**3.** Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	**4.** FEI Number **65-1115321** — Applied For / Not Applicable
Zip / Country	Zip / Country	**5.** Certificate of Status Desired ☐ **$5.00** Additional Fee Required.

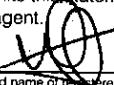| **6.** Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
CORPORATE CREATIONS NETWORK INC. 941 FOURTH STREET #200 MIAMI BEACH FL 33139	Name *Maribel Gonzalez* Street Address (P.O. Box Number is Not Acceptable) *8719 S.W 124th Avenue* City *Miami* FL Zip Code *33183*

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)   *03/18/03* 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 GONZALEZ, MARIBEL ~~18237 SW 154TH COURT~~ ~~MIAMI FL 33187~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	*President* *8719 S.W. 124th Ave.* *Miami, FL 33183*	☑ Change ☐ Addition
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 REQUIRED_   *2/6/03*   *(305) 270-3117*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #