LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000011455

1. Entity Name

CORPORATE WEALTH INFUSION, LLC
(CWI,LLC)

FILED

03 MAY 14 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
12210 NE 10th Avenue.	PO BOX 610611
Suite, Apt. #, etc.: Suite B	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: NORTH MIAMI
Zip: 33161 Country: USA	Zip: 33261 Country: USA

4. FEI Number 32-0019556 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Vlad D. Joseph

Street Address (P.O. Box Number is Not Acceptable): 12210 NE 10th Avenue. Suite B

City: Miami FL Zip Code: 33161

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: Vlad D. Joseph DATE: 5/1/03
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	KARL-EDDY JEAN-BAPTISTE 791 SW 64 AVE # 6 MIAMI FL 33144	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	100018937661 05/14/03--01030--014 **50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RONALD SYLVAIN 15440 NE 10th Ct. MIAMI FL 33162	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vlad D. Joseph PO Box 610 611 MIAMI, FL 33261	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE**
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CR2E083B (12/02)

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: _____ 5/1/03 305-331-2749
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #