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Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90096 013 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

70052138

DOCUMENT # L28024

1. Entity Name
FLORIDA TROPICAL ESTATES, INC.

Principal Place of Business	Mailing Address
1925 BRICKELL AVE. SUITE D-206 MIAMI, FL 33129 US	1925 BRICKELL AVE. SUITE D-206 MIAMI, FL 33129 US

2. Principal Place of Business	3. Mailing Address
8000 W. 24th Avenue	8000 W. 24th Avenue
Suite, Apt. #, etc.: Bay #1	Suite, Apt. #, etc.: Bay #1
City & State: Hialeah, Florida	City & State: Hialeah, Florida
Zip: 33016 Country: USA	Zip: 33016 Country: USA

X CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0161012 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired XX $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BESU, ROGER
1925 BRICKELL AVE.
SUITE D-206
MIAMI, FL 33129

7. Name and Address of New Registered Agent
Name: EDUARDO L. RODRIGUEZ
Street Address (P.O. Box Number is Not Acceptable): 8000 W. 24th Avenue, Bay #1
City: Hialeah FL Zip Code: 33016

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] Eduardo L. Rodriguez P/D 4-28-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RODRIGUEZ, LIBARDO E. 7925 W. 25 AVE #2 HIALEAH, FL 33016	☒ Delete	P/D Eduardo L. Rodriguez 8000 W. 24th Avenue, Bay #1 Hialeah, FL 33016	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4-28-03 (305) 992-4709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
EDUARDO L. RODRIGUEZ