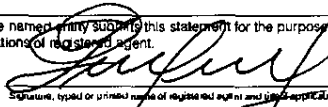
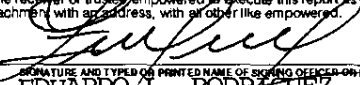


FILED
Apr 30, 2003 8:00 am
Secretary of State

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 1925 BRICKELL AVE. SUITE D-206 MIAMI, FL 33129 US		Mailing Address 1925 BRICKELL AVE. SUITE D-206 MIAMI, FL 33129 US	
2. Principal Place of Business 8000 W. 24th Avenue Suite, Apt. #, etc. Bay #1 City & State Hialeah, Florida Zip 33016 Country USA		3. Mailing Address 8000 W. 24th Avenue Suite, Apt. #, etc. Bay #1 City & State Hialeah, Florida Zip 33016 Country USA	
		4. FEI Number 65-0161012 Applied For Not Applicable	
		5. Certificate of Status Desired ☒ \$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 subscribes 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  Eduardo L. Rodriguez 4-28-03 (NOTE: Registered Agent's signature required when resigning) P/D 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 TITLE PD NAME RODRIGUEZ, LIBARDO E. STREET ADDRESS 7925 W. 25 AVE #2 CITY-ST-ZIP HIALEAH, FL 33016 Delete ☒		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE P/D NAME Eduardo L. Rodriguez STREET ADDRESS 8000 W. 24th Avenue, Bay #1 CITY-ST-ZIP HIALEAH, FL 33016 Change ☐ Addition ☒	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete ☐		TITLE NAME STREET ADDRESS CITY-ST-ZIP Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete ☐		TITLE NAME STREET ADDRESS CITY-ST-ZIP Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete ☐		TITLE NAME STREET ADDRESS CITY-ST-ZIP Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete ☐		TITLE NAME STREET ADDRESS CITY-ST-ZIP Change ☐ Addition ☐	
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 supporting documents 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:  4-28-03 (305) 992-4709 EDUARDO L. RODRIGUEZ		Date Cayman Phone #	

CH2E034 (10/02)