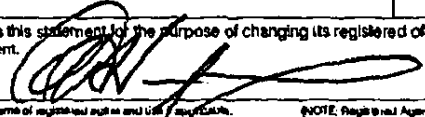


FILED
Jun 27, 2003 8:00 am
Secretary of State

06-27-2003 90047 044 ***550.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L87788			
1. Entity Name GROUP II OF MIAMI, INC.			
Principal Place of Business 10101 NW 58 ST #16 MIAMI, FL 33178 US		Mailing Address 10101 NW 58 ST #16 MIAMI, FL 33178 US	
2. Principal Place of Business 8500 SW 8 St Suite, Apt. #, etc. Suite 222 City & State Miami, FL Zip 33144 Country USA		3. Mailing Address 8500 SW 8 St Suite, Apt. #, etc. Suite 222 City & State Miami, FL Zip 33144 Country USA	
		☒ CHECK HERE IF MAKING CHANGES	
4. FEI Number 65-0321042		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VALDERRAMA, CARLOS A 10101 NW 58 ST #16 MIAMI, FL 33178		7. Name and Address of New Registered Agent Name Carlos A Valderrama Street Address (P.O. Box Number is Not Acceptable) 8500 SW 8 St Suite 222 City Miami FL Zip Code 33144	
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  DATE 6/10/2003 (NOTE: Registered Agent's signature required when changing)			
FILE NOW WITH FEES: \$60.00 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	DPS VALDERRAMA, CARLOS A 10101 NW 58 ST #16 MIAMI, FL 33178 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS Carlos A Valderrama 8500 SW 8 St, Ste 222 Miami, FL 33144 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV VALDERRAMA, LEONOR I 101 NW 58 ST #16 MIAMI, FL 33178 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Leonor I Valderrama 8500 SW 8 St, Ste 222 Miami, FL 33144 ☒ 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 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 agent, with or without power.			
SIGNATURE: 		6/10/2003 305-554-0507 DATE DAYING PHONE #	