2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M54732

1. Entity Name

LA Sorpresa Enterprises, INC.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 18 PM 1:37

Principal Place of Business	Mailing Address
2435 W. Okeecho Bee Rd.	
Hialeah FL. 33010	

2. Principal Place of Business	3. Mailing Address
SAME 2435 W. Okeechobee	SAME 2435 W Okeechobee Rd
Suite, Apt. #, etc. " —	Suite, Apt. #, etc. —
City & State Hialeah	City & State Hialeah FL.
Zip 33010 Country USA	Zip 33010 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2844681 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ERASMO Martinez	Name ERASMO Martinez
13341 SW 23 ST	Street Address (P.O. Box Number is Not Acceptable) 7181 NW 109 PL
Miami FL 33175	7181 NW 109 PL.
	City MIAMI FL Zip Code 33178

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.

SIGNATURE [signature] 8-17-01

Signature of New or Printed Name of Registered Agent and Title if Applicable (NOTE: Registered Agent Signature Required When Reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so (See criteria on back) ☑	FILE NOW!!! FEE IS $150.00 After MAY 1, 2001 Fee will be $550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director ERASMO Martinez 7181 NW 109 PL Miami FL 33178 ☐ 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 800004609768---1 -09/25/01--01015--015 ****500.00 ****500.00
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CR2E034 (11/00)

13. 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 11 or Block 12 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Director / President Director

SIGNATURE AND TITLE/STATUS REQUIRED

TOTAL P.02