FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Feb 20, 2002 8:00 am Secretary of State

DOCUMENT # M 59307 1. Entity Name					02-20-2002 90018 023 ***150.00	
Gu	AJIRO RECOR	DS INC.		/		
	DO NOT WRITE	IN THIS SI	PACE			
2. Principal F 10 4 4 Suite, Apt.	Place of Business 1 NW 28 Street #, etc.	3. Mailing Address 10441 NW Suite, Apt. #, etc.	28.	Street	DO NOT WRITE IN THIS S	PACE
City & Star	mi I-lorida	City & State Miami	Flor	ida	4. FEI Number 22-2267612	Applied For Not Applicab
Zip 33/	72 Country 4.5, A,	zíp 33172	Country	. A.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Name					7. Name and Address of Current Registered	Agent
DO NOT WAITE					ARLEN TORRES	
DO NOT WRITE Street Address (IN THIS SPACE				PO Box Number is Not Acceptable) 5 Cellins Avenue 有	1308	
				City Mian	ni Beach FL	Zip Code 33/40
8. The above	named entity submits this statement for	the purpose of changing its	registered of	office or register	ed agent, or both, in the State of Florida.	
SIGNATURE	J Muleu Tare Signature, typed or printed name of registered agent as	Ad Maile Maile (NOTE	n To CC E: Registered Ag	gent signatura required	ident /-2g when reinstating) DATE	9-02
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) January 1. May 1. Fee is \$150.00 After May 1. Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State						
Tax filing r	requirement and elects to do so.	After May Amende	1, Fee is 1 d UBR is 5	6550 00 61.25	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
Tax filing r (See criter	requirement and elects to do so.	After May Amender Make Check Payab	1. Fee is 1 d UBR is 1 ale to Depa	6550 00 61.25	Trust Fund Contribution.	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: V

-- larra

Marlen Torres

(305)592-1931