2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Apr 28, 2003 8:00 am Secretary of State DOCUMENT # N00000004105 1. Entity Name 04-28-2003 90463 017 ****61.25 COPA JESUS, INC. Principal Place of Business Mailing Address 9104 C S.W. 19 PLACE 9104 C S.W. 19 PLACE FORT LAUDERDALE FL 33324 FORT LAUDERDALE FL 33324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 65-1022652 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent. CASTELLANOS, FRANCISCO Street Address (P.O. Box Number is Not Acceptable) 9104 C S.W. 19 PLACE FORT LAUDERDALE FL 33324 City Zip Code 8. Tife 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD CR2E037 (10/02) TITLE ☐ Delete TITLE ☐ Change ■ Addition CASTELLANOS, FRANCISCO NAME NAME STREET ADDRESS 9104 C S.W. 19 PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33324 ☐ Delete ☐ Addition PRADA, CESAR NAME NAME STREET ADDRESS 9104 C S.W. 19 PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FORT LAUDERDALE FL 33324 TITI F ☐ Delete TITLE Change Addition CASTELLANOS, CRISTINA NAME NAME STREET ADDRESS 9104 C S.W. 19 PLACE STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33324 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 617, 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:

FILED

(954)448-4389