

# FOR PROFIT CORPORATION

FILED

Apr 23, 2002 8:00 am  
Secretary of State

04-23-2002 90323 027 \*\*\*158.75

DOCUMENT # P00000004231

1. Entity Name

Inside Billiards, Corp.

DO NOT WRITE IN THIS SPACE

000032

2. Principal Place of Business

11865 SW 26 St

3. Mailing Address

11865 SW 26 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit B-5

Unit B-5

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

Zip

Country

33175 USA

33175 USA

4. FEI Number

65-0973472

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Perdomo, Oscar F

Street Address (P.O. Box Number is Not Acceptable)

14331 SW 23rd Lane

City

Miami

FL

Zip Code

33175

DO NOT WRITE IN THIS SPACE

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, typed 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)

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

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE :  
NAME : Perdomo, Oscar F  
STREET ADDRESS : 14331 SW 23rd Lane  
CITY - ST - ZIP : Miami, FL 33175

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE :  
NAME : Duran, Carlos  
STREET ADDRESS : 465 S. Royal Poinciana Blvd  
CITY - ST - ZIP : Apt. 11-13 Miami, FL 33165

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/02 305-553-4333

Date

Daytime Phone #