FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90127 009 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000005680

1. Entity Name
AMERICAN SMART SYSTEMS & NETWORKS U.S.A., INC.

11029342

Principal Place of Business	Mailing Address
8181 NW 36TH STREET SUITE 2603 MIAMI, FL 33166	8181 NW 36TH STREET SUITE 2603 MIAMI, FL 33166

2. Principal Place of Business		3. Mailing Address	
8095 NW 12 street		8095 NW 12 street	
Suite, Apt. #, etc. 316		Suite, Apt. #, etc. 316	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33126	Country USA	Zip 33126	Country USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0974961 ☐ 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
TELLEZ, JUAN CARLOS 8181 NW 36TH STREET SUITE 2603 MIAMI, FL 33172	Name TELLEZ, JUAN - CARLOS Street Address (P.O. Box Number is Not Acceptable) 9631 fontainebleau Blvd # 202 City MIAMI, FL Zip Code 33172

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 [signature] Juan Carlos Tellez 04.25.2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

[illegible]

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	P TELLEZ, JUAN C 9631 FONTAINEBLEAU BLVD. APT # 202 MIAMI, FL 33172	☐ 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
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

CR2E034 (10/02)

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 address, with all other like empowered.

SIGNATURE: [signature] Juan Carlos Tellez 04.25.03 7868770285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #