

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90262 001 ***600.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000013772	
1. Entity Name CACTUS INVESTMENT CORP.	
	
Principal Place of Business 1221 BRICKELL AVENUE, STE. 1100 MIAMI, FL 33131	Mailing Address 1221 BRICKELL AVENUE, STE. 1100 MIAMI, FL 33131
2. Principal Place of Business	3. Mailing Address <i>1901 Brickell Ave</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <i>2301 B</i>
City & State	City & State <i>Miami Fla</i>
Zip	Zip <i>33129</i>
Country	Country <i>USA</i>
☐ CHECK HERE IF MAKING CHANGES	
4. FEI Number 65-0979643	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent AGRAMUNT, LUIS 1221 BRICKELL AVENUE, STE. 1100 MIAMI, FL 33131	
7. Name and Address of New Registered Agent Name SAURA, LUCIA Street Address (P.O. Box Number is Not Applicable) 2300 NW 30th TERRACE City MIAMI FL Zip Code 33122	
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's Signature required when submitting)	
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	TITLE NAME STREET ADDRESS CITY-ST-ZIP
PD SAURA MAS, ANTONIO 1221 BRICKELL AVENUE, STE. 1100 MIAMI, FL 33131	
DVP SAURA SOTILLOS, LUCIA 1221 BRICKELL AVENUE, STE. 1100 MIAMI, FL 33131	
TD SAURA SOTILLOS, JORGE ANTONIO 1221 BRICKELL AVENUE, STE. 1100 MIAMI, FL 33131	
VPD SAURA SOTILLOS, JUAN JOSE 1221 BRICKELL AVENUE, STE. 1100 MIAMI, FL 33131	
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 supplements 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

CR2E034 (10/02)

FEB 07th 2003 (786) 395-9879