2002 UNIFORM BUSINESS REPORT (UBR)

Apr 24, 2002 8:00 am § Secretary of State P00000016677 DOCUMENT # 1. Entity Name 04-24-2002 90369 001 ***150.00 EGO, INC. Principal Place of Business Mailing Address 4360 NW 107 AVE 4360 NW 107 AVE 102 **MIAMI FL 33178** MIAMI FL 33178 2. Principal Place of Business 3. Mailing Address 114 AVE 6440 NW 114 AVE 6440 NW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 422 422. City & State City & State 4. FEI Number Applied For 65-0982246 miami, FL MIAMI, FL Not Applicable Country Countr \$8.75 Additional 5. Certificate of Status Desired 33178 33178 USA Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OSORIO, DIEGO OSORIO, DIEGO Street Address (P.O. Box Number is Not Acceptable) 4360 NW 107 AVE NOW ADRESS -**MIAMI FL 33178** 6440 il4 Ave # 422 NW Zip Code 33178 FL Miani 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSID PSTD TITI F ☐ Delete TITLE ☐ Change Addition OSORIO, DIEGO osorio, Diaso NAME NAME 4360 NW 107 AVE, #102 6440 NW 114 AVE, # 422 STREET ADDRESS STREET ADDRESS MIAMI FL 33178 CITY-ST-ZIP CITY-ST-ZIP MIANI, FL. 33178 TITLE ☐ Delete TITLE ☐ Change ■ Addition 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 ☐ Delete TITLE ☐ Change ☐ Addition 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 ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DIEGO OSOPIO/PRESIDENT

FILED