2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

UN	DO3 FOR PROFIFORM BUSIN MENT # POOO			FILED Aug 22, 2003 8:0 Secretary of Sta	0 am
1. Entity Nam EL SHAD	ne	B		08-22-2003 90105 004 ***150	
Principal Plac 2650 SE 20TH HOMESTEAD		Mailing Address 2650 SE 20TH CT HOMESTEAD FL 33035			
2. Principal P	Place of Business	3. Mailing Address 1727 OUVE Suite, Apt. #, etc.	pre cucle		
				CHECK HERE IF MAKING CHANGES	
City & Stat	e	City & State Creen Acces,	Florida	18/18/1/61	oplied For ot Applicable
Zip	Country	^{Zip} 33 413	Country ·	5. Certificate of Status Desired S8.75 Add Fee Require	
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered Agent	
	FABRICIO		Name Street Address	(P.O. Box Number is Not Acceptable)	
2650 SE				(T.O. DON NUMBER TO NOT NOT NOT NOT NOT NOT NOT NOT NOT	
HOMESTE	AD-FL 33035		City	□ Zip Code	
8. The above	named entity submits this statement	for the purpose of changing its		red agent, or both, in the State of Florida. I am familiar with,	
	ions of registered age				
SIGNATURE :	Signature, typed or printed name of registered age	nt and title if applicable. (NOT	E: Registered Agent signature require	d when reinstating) DATE	
After Sej	ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$750 Payable to Florida Department		·		0 May Be I to Fees
10.	OFFICERS AN		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	S IN 11
TITLE NAME	D ANDRADE, FABRICIO	☐ Delete	TITLE NAME	☐ Change	☐ Addition (4/03)
STREET ADDRESS CITY-ST-ZIP	2650 SE 20TH CT HOMESTEAD FL 33035		STREET ADDRESS CITY-ST-ZIP		CB Roitibby
TITLE NAME	D Cabrera, Katherine	☐ Delete	TITLE NAME	☐ Change	☐ Addition 5
STREET ADDRESS CITY-ST-ZIP	2650 SE 20TH CT HOMESTEAD FL 33035	_	STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		☐ Delete	TITLE NAME	Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE	1_ 1	☐ Delete	TITLE	☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP TITLE		Delete	CITY-ST-ZIP TITLE	Change	☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS		
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title Name		☐ Delete	TITLE NAME	☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
indicated of the cor	certify that the information supplied wi on this report or supplemental report poration or the receiver or trustee em or on an attachment with an address	is true and accurate and that report	ny signature shall have the as required by Chapter 60	ection 119.07(3)(i), Florida Statutes. I further certify that the in same legal effect as if made under oath; that I am an officer 7, Florida Statutes; and that my name appears in Block 10 or	nformation or director Block 11 if

8/20/03



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West Palm Beach August 20 2003

To whom it may concern:

The purpose of this letter is to explain the reason why we didn't mail the Uniform Business Report on the time frame given. By February of this year we moved our office to the city of West Palm Beach, and due to this change a lot of our mail has been misplaced, so we never received the first report that you sent us; now we recently got a business report file, but unfortunately this seem to be the second one you have sent to us, and on this file I see I am being charge \$550 fee. I try to communicate thru the phone but, I had no success at doing this, this is why I am writing you now. I am sending you a check with an amount of \$150 fee that is what I usually paid before; hoping that this will make up our balance. I would to inform you too, of our new address 1727 Olive Tree Circle Greenacres, Fl 33413. Once again I am very sorry for the delay and the inconvenience that I may have cause to you.

Sincerely;

Fabricio Andrade

President