FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90326 002 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000029130

1. Entity Name: Sosa Distributor International, Corp.

DO NOT WRITE IN THIS SPACE

10102199

2. Principal Place of Business	3. Mailing Address
4961 N. University Dr	4961 N. University Dr
Suite, Apt #, etc. 18C	Suite, Apt #, etc. 18C
City & State: Lauderhill	City & State: Lauderhill FL
Zip 33351 Country Broward	Zip 33351 Country Broward

DO NOT WRITE IN THIS SPACE

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

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

City FL Zip Code

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 signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT (PSD)	TITLE	
NAME	SOSA, JUAN	NAME	
STREET ADDRESS	7565 NW 44 St, Suite 1907	STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL, FL 33319	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	CLARET, EVANGELINA	NAME	
STREET ADDRESS	7565 NW 44 St, Suite 1907	STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL, FL 33319	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Juan Sosa — 04/30/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #