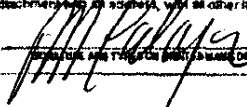


May-01-03 11:49A

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90169 001 ***150.00
05-06-2003 90169 002 *****8.75

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

DOCUMENT # P00000035816		
1. Entity Name GORMI, CORP.		
Principal Place of Business 9835 SUNSET DRIVE MIAMI, FL 33173		Mailing Address 9835 SUNSET DRIVE MIAMI, FL 33173
2. Principal Place of Business 9835 SUNSET DR 103 MIAMI FL		3. Mailing Address 9835 SUNSET DR 103 MIAMI FL
City & State MIAMI FL		City & State MIAMI FL
Zip 33173		Zip 33173
Country FL		Country FL
4. FEI Number 85-1098853		Applied For Not Applicable
5. Certificate of Status Desired ☒ \$5.75 Additional Fee Required		
6. Name and Address of Current Registered Agent COSME J. DE LA TORRENTE, P.A. 156 SW 26TH ROAD MIAMI, FL 33129		7. Name and Address of New 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 _____		
9. Election Campaign Financing Trust Fund Continuation ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
10.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP DPS SALAZAR, MIGUEL 9835 SUNSET DRIVE MIAMI, FL 33173	☐ Delete	11.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
10.2 TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	11.2 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
10.3 TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	11.3 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
10.4 TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	11.4 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
10.5 TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	11.5 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
10.6 TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	11.6 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on any document previously submitted, with all other fee empowered.		
SIGNATURE: 		4/30/03 305/2749195