May-01-03 11:49A

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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.

55038157

Principal Place of Business	Mailing Address
9835 SUNSET DRIVE MIAMI, FL 33173	9835 SUNSET DRIVE MIAMI, FL 33173

2. Principal Place of Business	3. Mailing Address
9835 SUNSET DR	9835 SUNSET DR
Suite, Apt. #, etc. 103	Suite, Apt. #, etc. 103
City & State MIAMI FL	City & State MIAMI FL
Zip 33173 Country	Zip 33173 Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1098853 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

COSME J. DE LA TORRIENTE, P.A.
155 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

[illegible]

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	DPS SALAZAR, MIGUEL 9835 SUNSET DRIVE MIAMI, FL 33173	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with all other like empowered.

SIGNATURE: [illegible] 4/30/03 305/2749195

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #