42447 HNIFODM BUCINESS DE	
DOCUMENT # POODOOO39101	。 "我们是我们的一个人,我们就是一个人的人,我们就是一个人的人,我们就是一个人的人,我们就是一个人的人,我们就是一个人的人,我们就是一个人的人,我们就是一个人的人,
BY A MACHINES, INC.	03 NOV 13 RM 2: 35
Principal Place of Business Mailing Address 1961 N.W. 3474 St. 1961 N.W	SECRETARY OF STATE TAIL LAHASESE FICALDA
Miami, FL 33142 Miami, +	·西蒙尔···································
Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.	
City & State City & State	4. FEI Number 65-100 2662 Applied For Not Applicable
Zip Country Zip	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent QUINTELA BERNARDO	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)
1961 N.W. 3474 St. Miami, FL 33142	700024654857 11/13/0301088003 **150.00
8. The above named entity submits this statement for the purpose of changi	City Zip Codest ing 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: Registsred Agent signature required when reinstating) DATE
Tax filing requirement and elects to do so.	OW 11 FEE IS \$150.00 1 2002 Fee will be \$550.00 Ayable to Department of State 10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
11. OFFICERS AND DIRECTORS TITLE PD NAME STREET ADDRESS 1961 N.W. 3474 ST CITY-ST-ZIP MIAMI, FC 33142	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE
TITLE VD ALLEN ALEJANDRO Delete NAME STREET ADDRESS 1961 N.W.3474 St. CITY-ST-ZIP MIAMI, FL 33142	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP
13. I hereby certify that the information supplied on the 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 trife 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 trusted appoyered 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: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayline Phone #	

B & A MACHINES, INC. 1961 NW 34TH STREET MIAMI, FLORIDA 33142 305-968-4349

Miami, November 9, 2003

Florida Department of State Division of Corporations Uniform Business Report P.O.Box 1500 Tallahassee, Florida 32302-1500

Dear Sir:

As per our telephone conversation, I am enclosing a copy of the UBR 2003 for my corporation together with the original fee as we agree on.

The copy that you send me never reached my office and since this is a once a year expense, I did not know it was already time for it.

You can be sure that next year I will be looking for this form in the month of January so it ca be filed on time.

Yours truly,

Bernardo Quintela

President