FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91475 003 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000052236

1. Entity Name
GRAFFEO USA, INC.

10088448

Principal Place of Business	Mailing Address
8180 N.W. 36TH STREET STE. 101 MIAMI, FL 33166	8180 N.W. 36TH STREET STE. 101 MIAMI, FL 33166

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
13760 S.W. 88th ST.	13760 S.W. 88th ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33186 Country: U.S.A.	Zip: 33186 Country: U.S.A

4. FEI Number: 65-1044382 — Applied For ☐ / Not Applicable ☐

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

6. Name and Address of Current Registered Agent
GRAFFEO, FRANCISCO
8180 N.W. 36TH STREET, STE. 101
MIAMI, FL 33166

7. Name and Address of New Registered Agent
Name: GRAFFEO, FRANCISCO
Street Address (P.O. Box Number Is Not Acceptable): 13760 S.W. 88th ST.
City: MIAMI FL Zip Code: 33186

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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: GRAFFEO, FRANCISCO STREET ADDRESS: 8180 N.W. 36TH STREET, STE. 101 CITY-ST-ZIP: MIAMI, FL 33166	☐ Delete	TITLE: DIRECTOR NAME: GRAFFEO, FRANCISCO STREET ADDRESS: 13760 S.W. 88th ST CITY-ST-ZIP: MIAMI, FL 33186	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 an address, with all other like empowered.

SIGNATURE: ____________________ (305) 380-6390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #