2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2003 8:00 am
Secretary of State
03-25-2003 90071 029 ***150.00

DOCUMENT # P00000063403

1. Entity Name
COLEXPO INCORPORATED

Principal Place of Business	Mailing Address
2801 NW 23 BLVD W 156 GAINESVILLE, FL 32605	2801 NW 23 BLVD W 156 GAINESVILLE, FL 32605

2. Principal Place of Business	3. Mailing Address
312 MINORCA AVENUE	PO BOX 558676
Suite, Apt. #, etc. SUITE 103	Suite, Apt. #, etc.
City & State CORAL GABLES, FL	City & State MIAMI, FL
Zip / Country 33134 / USA	Zip / Country 33255-8676 / USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3672090 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CAMARGO, JORGE E 2801 NW 23 BLVD W 156 GAINESVILLE, FL 32605	Name: CAMARGO, JORGE E Street Address (P.O. Box Number is Not Acceptable): 312 MINORCA AVENUE SUITE 103 City: CORAL GABLES **FL** Zip Code: 33134

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: _____ JORGE E CAMARGO, REGISTERED AGENT — MARCH 24, 2003
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D NARANJO, ANDRES 2801 NW 23 BLVD W 156 GAINESVILLE, FL 32605	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NARANJO, ANDRES 312 MINORCA AVENUE SUITE 103 CORAL GABLES, FL 33134	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NARANJO, CAMILA 2801 NW 23 BLVD W 156 GAINESVILLE, FL 32605	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NARANJO, CAMILA 312 MINORCA AVENUE SUITE 103 CORAL GABLES, FL 33134	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VELEZ, ALEJANDRO 2801 NW 23 BLVD W 156 GAINESVILLE, FL 32605	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VELEZ, ALEJANDRO 312 MINORCA AVENUE SUITE 103 CORAL GABLES, FL 33134	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VELEZ, CARMEN L 2801 NW 23 BLVD W 156 GAINESVILLE, FL 32605	☑ 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
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 an address, with all other like empowered.

SIGNATURE: _____ CAMILA NARANJO, DIRECTOR — March 24, 2003 — (305) 665 9089
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #