FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91845 023 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000093774

1. Entity Name
SAN DIEGO COMMERCE CORPORAITON

90129777

Principal Place of Business	Mailing Address
2602 BANYAN CT APT 31-I TAMPA, FL 33613	2602 BANYAN CT APT 31-I TAMPA, FL 33613

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
14646 Laguna Beach C			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Orlando FL		City & State	
Zip: 32824	Country	Zip	Country

4. FEI Number: 59-3674939 ☐ 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
AURAZO, JAIME E 2602 BANYAN CT APT 31-I TAMPA, FL 33613	Name: Carla Toro Street Address (P.O. Box Number is Not Acceptable): 14646 Laguna Beach Circle City: Orlando FL Zip Code: 32824

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] 04-29-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

[illegible]

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VPS	☐ Delete
NAME	AURAZO, JAIME E	
STREET ADDRESS	2602 BANYAN CT APT 31-I	
CITY-ST-ZIP	TAMPA, FL 33613	
TITLE	PT	☐ Delete
NAME	TORO, CARLA	
STREET ADDRESS	2602 BANYAN CT APT 31-I	
CITY-ST-ZIP	TAMPA, FL 33613	
TITLE	D	☐ Delete
NAME	VELASQUEZ, CARLOS	
STREET ADDRESS	2602 BANYAN CT APT 31-I	
CITY-ST-ZIP	TAMPA, FL 33613	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: [signature] 04-29-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #