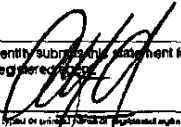
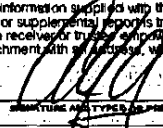


2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000105542		
1. Entity Name A SQUARED, INC.		
Principal Place of Business 10820 S.W. 135 TERRACE MIAMI, FL 33196		Mailing Address 10820 S.W. 135 TERRACE MIAMI, FL 33196
2. Principal Place of Business 12904 SW 103rd Ct.		3. Mailing Address 12904 SW 103rd Ct.
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State MIAMI, FL 33176		City & State MIAMI, FL
Zip 33176	Country US	Zip 33176
4. FEI Number 65-1086701		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent DELGADO, ROLANDO 2665 S. BAYSHORE DRIVE #200 MIAMI, FL 33133		7. Name and Address of New Registered Agent Name Garcia, Alfredo Street Address (P.O. Box Number Is Not Acceptable) 12904 SW 103rd Ct. City MIAMI FL Zip 33176
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 4/30/03
Signature of individual or entity submitting statement and title if applicable.		(NOTE: Registered Agent signature required when substituting)
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VALDES, ARNALDO J 10820 S.W. 135 TERRACE MIAMI, FL 33196	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD GARCIA, ALFREDO J 12904 S.W. 103 COURT MIAMI, FL 33176	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D.T.	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.V.P.S	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 807, 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: 		DATE 4/30/03 305 7720712
SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR		Date