## **2003 FOR PROFIT CORPORATION**

UÑ	UFOR	M BUSIN	IESS REPOR	RT (	UBR)	Feb 24, 2003 8:00 am	
DOCUMENT # P00000107039  1. Entity Name						Secretary of State 02-24-2003 90161 018 ***150.00	
MISALU	DADI, INC				OWE TO		
Principal Place of Business 30 N.E. 1 STREET MIAMI FL 33132			Mailing Address 1955 S.W. 5TH AVE MIAMI FL 33129		3		
2. Principal	Place of Busin	ess	3. Mailing Address				
Suite, Apt	t. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES	
City & State			City & State			4. FEI Number 65-1054551 Applied For Not Applicable	
Zip Country  6. Name and Address of Current		Zip Cou		itry	5. Certificate of Status Desired   \$8.75 Additional Fee Required		
	o. Ivallie	and Address of Curre	in negistered Agent		Name	7. Name and Address of New Registered Agent	
PERAZA 1955 S.V	, Jose W. 5th ave			Street Addi		(P.O. Box Number is Not Acceptable)	
Miami fi	L 33129	مستحصيصي	المحي الدارية	الدالية فتصادم	Citỳ		
8. The above	e named entity	submits this statement	for the purpose of changing it	s registere	1	red agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE		or printed name of registered age	ant and title if amplicable (NO)	TE: Degisteres			
· •			int and the mappingable. (NO	TE: Registered	d Agent signature required	d when reinstating)  DATE	
Afte	r May 1, 200	FEE IS \$150.00 3 Fee will be \$550.00 Florida Department	of State			9. Election Campaign Financing Trust Fund Contribution. Added to Fees	
10.		OFFICERS AN	D DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS	PERAZA, .	PD Delete PERAZA, JOSE 1955 SW 5TH AVE		TITLE	:	☐ Change ☐ Addition	E034 (10/02)
CITY-ST-ZIP	MIAMI FL 33129				ET ADDRESS ST-ZIP		<u>=</u> 034
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME		☐ Change ☐ Addition	CR2
CITY-ST-ZIP		<u> </u>		· CITY-	T ADDRESS ST-ZIP		
NAME STREET ADDRESS		•	☐ Delete	NAME	T ADDRESS	☐ Change ☐ Addition ☐	
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TITLE NAME			☐ Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP	4			STREET CITY-S	T ADDRESS		

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 original or other corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and the receiver of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and the receiver of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and the receiver of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and the receiver of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and the receiver of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

CITY-ST-ZIP

SIGNATURE: