2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P00000107579

FILED Apr 28, 2003 8:00 am Secretary of State

NUTOCOM DEALER CORP.				04-28-2003 91832 006 ***150.00			50.00
Principal Place of E 803 SW 152ND CT. IIAMI FL 33193		Mailing Address 5803 SW 152ND CT. MIAMI FL 33193	.				
2. Principal Place of Business 7827 NW 53 ^H St. 7827 NW			53 rd St.		-{		
Suite, Apt. #, etc).	Suite, Apt. #, etc.			CHECK HERE	F MAKING CHANGE	3
City & State MIAMI		City & State MiAMi	F	7	4. FEI Number 65-1062631		Applied For Not Applicable
33166	Country U-5-A	33166	Country	9	5. Certificate of Status Desired	See Bequi	
6.	Name and Address of Current	Registered Agent			7. Name and Address of New R	egistered Agent	
MAYORGA, ROBERTO J 11330 S.W. 157TH COURT MAIMI FL 33196				Name NORMA PGUIRRE Street Address (P.O. Box Number is Not Acceptable) / 5803 S.W. 152 Coulf City Hiami FL Zin Code 33193			
the obligations of the obligatio	NOW!!! FEE IS \$150.00 71, 2003 Fee will be \$550.00 able to Florida Department of	and title if applicable. (NOTE:		nt signature required	d when reinstating) 9. Election Campaign Fin Trust Fund Contribution	DATE ancing \$5.	00 May Be
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFF	CERS AND DIRECTO	RS IN 11
ITTLE PTD NAME AGU STREET ADDRESS 5803	JIRRE, NORMA 3 SW 152 COURT MI FL 33193	□ Delete	TITLE NAME STREET AD CITY-ST-Z			☐ Change	Addition
STREET ADDRESS 365	.FF, FEDERICO N.E. 125 ST. #409 IIAMI FL 33161	Delete	TITLE NAME STREET ADI CITY-ST-Z	DAESS 58	D ANTIAGO MON 103 SW 152 CH AMI FL 331	IROY 93	☐ Addition
ITLE SD AGU STREET ADDRESS 5803	IIRRE, ANA L 3 S.W. 152 CT. MI FL 33193	☐ Delete	TITLE NAME STREET ADI CITY-ST-Z	DRESS		☐ Change	☐ Addition
ITLE IAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET AD: CITY-ST-Z			Change	☐ Addition
VITLE VAME STREET ADDRESS CITY-ST-ZIP	•	☐ Delete	TITLE NAME STREET AD CITY-ST-Z			☐ Change	☐ Addition
ITLE IAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AD CITY-ST-Z			☐ Change	☐ Addition

12. Thereby 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 exprowered 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: *