FILED May 01, 2003 8:00 am Secretary of State 05-01-2003 91000 012 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMEN 1. Entity Name E & V DESIGNS	T # P00000109 , INC.	0021			03-01-2003 910		0.00
Principal Place of Business 3701 NW 126TH AVE #3 CORAL SPRINGS, FL 33065		Mailing Address 3701 NW 126TH AVE #3 CORAL SPRINGS, FL 33065		90119	103		
2. Principal Place of B	usiness	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAI	KING CHANGES		
City & State		City & State				oplied For of Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Ad Fee Require	ditional ed
6. Na	me and Address of Currer	t Registered Agent	Name		7. Name and Address of New Registe	red Agent	
ORTIZ, EDUARDO 4985 NW 82ND TERRACE LAUDERHILL, FL 33851				ddress (P.O. Box Number is Not Acceptable)		
6 			City			FL Zip Coo	l e
the obligations of re SIGNATURE Signature: FILE NO	gistered agent. yped or printed name of representation. Will: FEE IS \$150,00 2003: Fee Will: bei \$550.01	at and tide if applicable. (NO	TE: Royistored Ayontsiynet		9. Election Campaign Financing	ATE \$5.0	
Make Check Payabl	e to Florida Department OFFICERS ANI	of State	11.		Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS		d to Fees
TITLE D NAME ORTIZ, STREET ADDRESS 4985 N	EDUARDO .W. 82ND TERRACE RHILL, FL 33351	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP		ABSTRACTOR THE TOTAL PROPERTY OF THE PROPERTY	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZP	<u> </u>	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-2P		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-2P		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-2P		Delete	TITLE NAME STREET ADDRESS CITY-ST-24P			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-2P	<u> </u>	□ Delete	TIFLE NAME STREET ADDRESS CITY-ST-2IP			☐ Change	☐ Addition
indicated on this re	eport or supplemental report or the receiver or trustee em attachment with an address	is true and accurate and that cowered to execute this repor- with all other like empowered	my signature shall he tas required by Chad. January Onto	ave the supter 607	ction 119.07(3)(i), Florida Statutes, I furthe same legal effect as if made under oath; if , Florida Statutes; and that my name appears to the same of	nat I am an officer	or director