FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90437 023 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000002283

1. Entity Name
PERDOMO BUILDERS, INC.

Principal Place of Business	Mailing Address
10115 NW 14TH STREET #103 MIAMI, FL 33172	10115 NW 14TH STREET #103 MIAMI, FL 33172

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
10115 N.W. 9th. Street Circ.		10115 N.W. 9th.Street Circ.	
Suite, Apt. #, etc.: Suite #103		Suite, Apt. #, etc.: Suite #103	
City & State: Miami, Florida		City & State: Miami, Florida	
Zip: 33172	Country: U.S.A.	Zip: 33172	Country: U.S.A.

4. FEI Number 65-1071787 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PERDOMO, CARLOS M SR
10115 NW 14TH STREET
#103
MIAMI, FL 33172

7. Name and Address of New Registered Agent

Name: Perdomo, Carlos M Sr
Street Address (P.O. Box Number Is Not Acceptable): 10115 N.W. 9th.Street Circle, Suite #103
City: Miami FL Zip Code: 33172

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] 2/6/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST PERDOMO, CARLOS M JR 10115 NW 14TH STREET MIAMI, FL 33172 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST Perdomo, Carlos M. Jr. 10115 N.W. 9th. Street Circle Suite #103 Miami, Fl. 33172 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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] 2/6/03 305-591-7595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #