	R PROFIL C		
UNIFURM	<b>BUSINESS</b>	KEPOK I	(ARK)

**DOCUMENT #** P01000004657

1. Entity Name

AGORA VENTURES FLORIDA, INC.



**FILED** Apr 10, 2003 8:00 am Secretary of State 04-10-2003 90148 020 \*\*\*150.00

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Principal Place of Business C/O 1390 BRICKELL AVENUE. SUITE 200 MIAMI FL 33131 MIAMI FL 33131 MIAMI FL 33131		iue. Su	JE. SUITE 200								
2. Principal Place of Business		3. Mailin	3. Mailing Address			!	Liik Bonki GCi	H BIBLE BIIT	MIN ICON ICON		
Suite, Apt	Suite, Apt. #, etc.		Suite, Apt. #, etc.		$\dashv$	CHECK HERE IF	MAKING (	CHANGES	<b>;</b>		
City & State		City &	City & State		4.	El Number <b>65-1070004</b>			pplied For	7	
Zip	Country	Zip		Cour	ntry	5.	Certificate of Status Desired		8.75 Ad	ditional	1
	6. Name and Address of Curre	nt Registered	Arent	T		- Sec. 7 - 1	Name and Address of New Regi				┥
	U. Name and Address Of Care	in negleteled	Agent		Name	<del></del>	tellie and Address of New Negi	Steled A	joill		┪
· ·	), ALVARO B CKELL AVENUĖ				ļ	ss (P.O. B	ox Number is Not Acceptable)	<del></del> ,	<del></del>		$\frac{1}{2}$
SUITE 20									<u> </u>	<del>-</del>	7
MIAMI FL	; .				City			FL	Zip Cod	le	1
8. The above	e named entity submits this statement tions of registered agent.	for the purpos	se of changing its	register	ed office or regis	stered ag	ent, or both, in the State of Florida		niliar with,	and accept	1
SIGNATURE	· · · · · · · · · · · · · · · · · · ·			_							
	Signature, typed or printed name of registered age	ent and title if applica	able. (NOTE:	Registere	d Agent signature requ	uired when re	instating)	DATE			_
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.0 k Payable to Florida Department		ı ,-				Election Campaign Finance     Trust Fund Contribution.	cing		0 May Be to Fees	
10.	OFFICERS AN		· · · · · · · · · · · · · · · · · · ·	11.	<del></del>		DITIONS/CHANGES TO OFFICE	DS AND F	IDECTOR:	S IN 11	┨
TITLE	D	DINLCTON	Delete	TITLE			DITIONS/CHANGES TO OFFICE		Change	Addition	13
NAME	MACIEL, CESAR LEANDRO		. Delete	NAM				·	Change	Addition	{
STREET ADDRESS	C/O 1390 BRICKELL AVENUE,	SHITE 200			ET ADDRESS						1
CITY-ST-ZIP	MIAMI FL 33131	00112 200		CITY	-ST-ZIP						
TITLE	D		☐ Delete	TITLE				[	Change	Addition	18
NAME	LOPEZ, ANDRES NESTOR			NAM	E					_	ľ
STREET ADDRESS	C/O 1390 BRICKELL AVENUE,	SUITE 200		STRE	ET ADDRESS						
CITY-ST-ZIP	MIAMI FL 33131			CITY	-ST-ZIP						ĺ
TITLE	D	• • •	☐ Delete	TITLE			in the military and the second and an experience	[	] Change	☐ Addition	Ī
NAME	GALO, MIGUEL VERA			NAM							1
STREET ADDRESS	C/O 1390 BRICKELL AVENUE,	SUITE 200			ET ADORESS						
CITY-ST-ZIP	MIAMI FL 33131	<del></del>		_	-ST-ZIP						4
TITLE N <b>AM</b> E	S		☐ Delete	TITLE				ŧ	☐ Change	Addition	
STREET ADDRESS	CASTILLO, ALVARÓ	OLUTE 200		NAMI	ET ADDRESS						
CITY-ST-ZIP	C/O 1390 BRICKELL AVENUE, MIAMI FL 33131	2011F 500			-ST-ZIP						ł
TITLE	THE WILL E COLOT		☐ Delete	TITLE				r	Change	Addition	†
NAME				NAME	3			۲			1
STREET ADDRESS				STRE	ET AODRESS						ļ
CITY-ST-ZIP				City	-ST-ZIP						-
TITLE			☐ Delete	TITLE					Change	Addition	1
NAME				NAME							(
STREET ADDRESS				9	ET ADDRESS						1
ETY-ST-ZIP	<u> </u>	$\rightarrow$			-ST-ZIP						1
19 I hozoby c	pertify that the information cumuliad with	th this filing do	on not available for t	he avar	mation atatod in	Section 1	10 07/3/6) Florida Statuton I for	than acrtifi	د: حماه همماه .		1

reference certify that the information supplied with this fling 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 eath; 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:

(305) 371-5540