2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P01000031965

1. Entity Name

DOCUMENT #

VIQUI INTERNATIONAL, INC.



SW 112 Ph

4. S. D

Country

Principal Place of Business 15947 SW 112 PLACE MIAMI FL 33157

2. Principal Place of Business

15947

Suite, Apt. #, etc.

Zip

SIGNATURE

minoni City & State

PUNZALAN, VICKY B

15947 SW 112 PLACE **MIAMI FL 33157**

Mailing Address 15947 SW 112 PLACE

MIAMI FL 33157

3. Mailing Address

Suite, Apt. #, etc.

miani

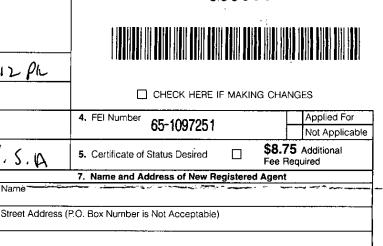
City & State

1594

FILED Jan 23, 2003 8:00 am Secretary of State

01-23-2003 90103 044 ***150.00

UUUUUUU



DATE

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.

City

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Country

Signature, typed or printed name of registered agent and title if applicable.

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete ☐ Addition Change PUNZALAN, VICKY B NAME NAME STREET ADDRESS 15947 SW 112 PLACE STREET ADDRESS MIAMI FL 33157 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME-NAME - _ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.