## 2003 FOR PROFIT CORPORATION



## FILED Mar 21, 2003 8:00 am Secretary of State

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Suite, Apt. #, etc.   Check HERF if MAKING CHANGES  City & State   4. FEI Number 65-1098347   Applied For Not Applied  Zip   Country   7.0   Country   5. Certificate of Status Desired   ~ \$8.75 Additional For Required  6. Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent   7. Name and Address   7. Name and Address of New Registered Agent   7. Name	1000 WEST	AVENUE #524	s	1000 WEST AVENUE #524					
City & State  Country  Country  Country  S. Cartificate of Status Desired  S. Name and Address of Current Registered Agent  Name  CASANOVAS, GUSTAVO  1000 WEST AVENUE #524  MAMI BEACH FL 33139  City  City  FL Zip Codo  City  FL City  City  FL Zip Codo  City  FL Zip Codo  City  City  FL Zip Codo  City  FL Zip Codo  City  City  City  City  FL Zip Codo  City  C	2. Principal	Place of Busin	ness	3. Mailing Address					
City & State  Country  Country  Country  S. Cartificate of Status Desired  S. Name and Address of Current Registered Agent  Name  CASANOVAS, GUSTAVO  1000 WEST AVENUE #524  MAMI BEACH FL 33139  City  City  FL Zip Codo  City  FL City  City  FL Zip Codo  City  FL Zip Codo  City  City  FL Zip Codo  City  FL Zip Codo  City  City  City  City  FL Zip Codo  City  C	Suite An	t # oto			····				
Zp Country ZD Country S. Certificate of Status Desired See 1098347   Applied Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Fee Required  CASANOVAS, GUSTAVO Street Address (P.O. Box Number is Not Acceptable)  City FL Zp Code  6. 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 acceptable of registered agent or both, in the State of Florida. I am familiar with, and acceptable of registered agent or both, in the State of Florida. I am familiar with, and acceptable of registered agent or both, in the State of Florida. I am familiar with, and acceptable of registered agent or both, in the State of Florida. I am familiar with, and acceptable of registered agent or both, in the State of Florida. I am familiar with, and acceptable of registered agent or both, in the State of Florida. I am familiar with, and acceptable of registered agent or both, in the State of Florida. I am familiar with, and acceptable of registered agent or both, in the State of Florida. I am familiar with, and acceptable of registered agent or both, in the State of Florida. I am familiar with, and acceptable of registered agent or both, in the State of Florida. I am familiar with, and acceptable of registered agent or both, in the State of Florida. I am familiar with, and acceptable of registered agent or both, in the State of Florida. I am familiar with, and acceptable of Florida Plantary with, and acceptable of Florida Pl	Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
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See Required   Fee	Zip Country			Zip Counti		ntry	5. Certificate of Status Desired 7 - \$8.75 Addition		
Name    CASANOVAS, GUSTAVO		6. Name	and Address of Current	Registered Agent		_	Fee Required		
Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code	010110	. 614.	, a faire			Name	77 Name and Address of New Registered Agent		
MAMI BEACH FL 33139  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent.  SIGNATURE    Summun, hipsdry private named registered agent and the # applicable					Street Addres		ess (P.O. Box Number is Not Acceptable)		
E. 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 accident the obligations of registered agent.    Signature   Signature, howed or private variety or governor agent and their applicable.   (NOTE: Registered Agent signature required whom refinesting)   DATE									
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent.    Signature	MANUAL DE	A0111E 331	<b>0</b> 3						
SIGNATURE    Signature   Signa							FL 1 "		
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FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE MAME CASANOVAS, GUSTAVO STRETA DORESS CITY-ST-2IP TITLE MAME STRETA DORESS CITY-ST-2IP Change Addition TITLE MAME MAME ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAME STRETA DORESS CITY-ST-2IP Change Addition TITLE MAME STRETA DORESS C	SIGNATURE		or printed name of registered agent	and title if applicable.	(NOTE: Registere	d Agent signature regu	Cliffed when reinstation)	_	
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2. 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 supplimental report is true and accurate and that my signature shall have the same legal effect so if and statutes. I further certify that the information		artifu that the	oformal A	to a cu		- 1			

Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment

SIGNATURE: \_