FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 17, 2002 8:00 am Secretary of State

DOCUMENT # PO1000040946 /					05-17-2002 900	34 044 ***150.00
Prolific, Inc						
	DO NOT WRITE	IN THIS SP	ACE			
2. Principal Place of Business 13310 SW 99 5T 3. Mailing Address Same						
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
City & State City & State City & State City & State					FEI Number 01-060 3691	Applied For Not Applicable
33184	e USA	Zip	Country		Certificate of Status Desired	\$8.75 Additional
			Name	7)	lame and Address of Current Registere	d Agent
	DO NOT W		Street Address (P.O. Box Number is Not Acceptable)			
	IN THIS SP	ACE		12210	500 49 37	
j ^e			City	MIAMI	FL	Zip Code
8. The above	named entity submits this statement for	the purpose of changing its reg	istered office	or registered as	gent. or both, in the State of Florida	33186
SIGNATURE _						
	Signature, typed or printed name of registered agent ar	id lide if applicable. (NOTE: Re-	jisterad Agent sign	ature recluired when r	reinstating) DATE.	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria en back) January 1: Ma After May: Amended Make Check Payable			ee is \$550.0 BR is \$61.25	0	Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
11.	OFFICERS AND D	IRECTORS	Table 12 North	7		
NAME	Greisel Ruiz 13310 SW 99 ST	Ī	TITLE NAME			CBSEQUENCE ASSESSED
STREET ADDRESS CITY-ST-7IP	13310 SW 9731 MIAMI, FC 33186		STREET ADDRESS			1
IIILE	MIMMI PC 97100	<u> </u>	CHY-ST-ZIP TITLÉ			5
NAME STORET - DOWN			NAME	-		20
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY+ST-ZIP			
TITLE			Jili E			
TREET ADDRESS	- · -		NAME			
11Y-\$1-ZIP			STREET ADDRÉSS CITY-ST-2P	1	DO NOT WRI	TF
ITLE			TITLE:			
TREET ADDRESS			NAME:		IN THIS SPAC	, E
TLY-ST-ZIP			strue) address Chylshizh			
TILE		:	YN'TE	,		
AME TRUET ADDRESS			NAME			
TY+ST-ZIP			STREET ADDRESS CITY ST-ZIP.			
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AME TREET ADDRESS			NVME	14	n de la companya de	a and the second
ITY-ST-ZIP			STREET ADDRESS STY-ST-ZIP		*	
 a) the corpo 	rtify that the information supplied with thin I this report or supplemental report is tro oration or the receiver or trustee empow with an address, with all other like empo	s filing does not qualify for the ele and accurate and that my signered to expect this report	exemption stat	ed in Section 1 ave the same le napter 607, Flor	19.07(3)(i). Florida Statutes. I further certil egal effect as if made under oath; that I an ida Statutes; and that my name appears	y that the information n an officer or director in Block 11 or on an