FILED
Apr 15, 2003 8:00 am
Secretary of State
04-15-2003 90108 020 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000043349

1. Entity Name
SITMA, INC.

Principal Place of Business	Mailing Address
2600 DOUGLAS ROAD PENTHOUSE 6 CORAL GABLES, FL 33134	2600 DOUGLAS ROAD PENTHOUSE 6 CORAL GABLES, FL 33134

2. Principal Place of Business		3. Mailing Address	
10209 SW 89 ST.		10209 SW 89 ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Miami, FL.		City & State: Miami, FL.	
Zip: 33176	Country: Miami-Dade	Zip: 33176	Country: Miami-Dade

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 33-1046661 — ☐ Applied For; X Not Applicable

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

6. Name and Address of Current Registered Agent
ORTIZ, MICHAEL ESQ
2600 DOUGLAS ROAD
PENTHOUSE 6
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent
Name: Jose Alvarez
Street Address (P.O. Box Number is Not Acceptable): 10209 SW 89 St.
City: Miami FL Zip Code: 33176

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 Jose Alvarez, President [signature] 3/1/03
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	PRES SANCHEZ, RAMIRO 2600 DOUGLAS ROAD CORAL GABLES, FL 33134	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President/Sec./Treas. Jose Alvarez 10209 SW 89 Street Miami, FL. 33176	☐ Change XX 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: Jose Alvarez, President [signature] 3/1/03 305-527-3585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #