2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90757 018 ***150.00

DOCUMENT # P01000055258

1. Entity Name
PROVISUAL, INC

Principal Place of Business	Mailing Address
172120 NW 69 AV #308 Miami Fl 33015	3501 NW 32nd AV Miami Fl 33142

2. Principal Place of Business	3. Mailing Address
7105 SW 8 St	7105 SW 8 St
Suite, Apt. #, etc. 301	Suite, Apt. #, etc. 309
City & State Miami Fl	City & State Miami Fl
Zip 33144 Country	Zip 33144 Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1142389 ☐ Applied ☐ Not App

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

6. Name and Address of Current Registered Agent
NOEL PUIG
782 NW Lejeune Rd, ste 428
Miami Fl 33126

7. Name and Address of New Registered Agent
Name GUSTAVO F. Paluci
Street Address (P.O. Box Number is Not Acceptable) 7105 SW 8 Street
301
City Miami FL Zip Code 33144

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 a[ccept] the obligations of registered agent.

SIGNATURE [signature] Gustavo Paluci 4/28/03
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 Ma[y be] Added to Fe[e]

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1[0]	
TITLE P D NAME Paluci Gustavo F STREET ADDRESS 172120 NW 64 AV #308 CITY-ST-ZIP Miami Fl 33015	☐ Delete	TITLE NAME STREET ADDRESS 7105 SW 8 st, ste 301 CITY-ST-ZIP Miami Fl 33144	☒ Change ☐
TITLE NAME OCAMPO MARCELA V STREET ADDRESS 172120 NW 64 No #308 CITY-ST-ZIP Miami Fl 33015	☐ Delete	TITLE NAME STREET ADDRESS 7105 SW 8 st, ste. 301 CITY-ST-ZIP Miami Fl 33015	☐ Change ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐

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 inform[ation] 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 dir[ector] 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: [signature] Gustavo Palocy 4/28/03 (305) 226-3443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #