FILED
Apr 25, 2003 8:00 am
Secretary of State
04-25-2003 90251 034 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000057392

1. Entity Name
CONSIGNMENT HEAVEN, CORP.

11017517

Principal Place of Business	Mailing Address
9631 FONTAINBLEAU BLVD., #407 MIAMI, FL 33172	9631 FONTAINBLEAU BLVD., #407 MIAMI, FL 33172

2. Principal Place of Business	3. Mailing Address
1033 PARKWAY CT	1033 PARKWAY CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: GREENACRES, FL	City & State: Greenacres, FL
Zip: 33413 Country: U.S.A	Zip: 33413 Country: U.S.A

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-1117074 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DE LOS RIOS, TATIANA 9631 FONTAINBLEAU BLVD., #407 MIAMI, FL 33172	Name: De los Rios, Tatiana Street Address (P.O. Box Number is Not Acceptable): 1033 PARKWAY CT Greenacres, FL City: Greenacres FL Zip Code: 33413

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 ______________________________
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 Checks 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	PS	☐ Delete	TITLE	PS	☒ Change ☐ Addition
NAME	DE LOS RIOS, TATIANA		NAME	DeLOS RIOS, TATIANA	
STREET ADDRESS	9631 FONTAINBLEAU BLVD., #407		STREET ADDRESS	1033 PARKWAY CT	
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP	Greenacres, Fl 33413	
TITLE	TD	☐ Delete	TITLE	TD	☒ Change ☐ Addition
NAME	ARIAS, NOE D		NAME	ARIAS, NOED	
STREET ADDRESS	9631 FONTAINBLEAU BLVD., #407		STREET ADDRESS	1033 PARKWAY CT	
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP	Greenacres, FL 33413	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			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		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			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		

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: Nohamalc Rs — 04/17/03 — 5613047429
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #