FILED

~2002 UNIFORM BUSINESS REPORT (UBR)

Jun 18, 2002 8:00 am Secretary of State P01000060245 DOCUMENT # 05-12-2002 90615 003 ***150.00 E.COM2B SERVICES CORP. Principal Place of Business Mailing Address 6861 S.W. 147 AVENUE 6861 S.W. 147 AVENUE LINIT 2C UNIT 2C MIAMI FL 33193 MIAMI FL 33193 2. Principal Place of Business 3. Mailing Address 6861 SW 147AVE 68615W147AYE Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE #2C 4. FFI Number Applied For City & State *65-1103003152и*г mIA Not Applicable 33(4) Country Country \$8.75 Additional 5. Certificate of Status Desired Dade Dade Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name BARRAZA: JAVIER Street Address (P.O. Box Number is Not Acceptable) 6861 S.W. 147 AVENUE UNIT 2C MIAMI FL 33193 Zip Code City 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 SIGNATURE Signature, typed or printed name of registered agent and site if applicable. (NOTE: Registered Agent algnature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. (9/01) ☐ Addition Change Delete TITLE TITLE BARRAZA, NOEMA NAME NAME 6861 S.W. 147 AVENUE #2CX CR2E034 STREET ADDRESS STREET ADDRESS MIAMI FL 33193 CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITIE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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 11 or Block 12 if

attachment # 35174

June 04,2002.

Subject: e-com28 services Corp. (Pap #: P01000060245

In reference to our FEI number, here is the Correct number: 65-1103003.

thankyou.

Janvier Borraga Reguler Agent.