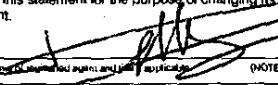
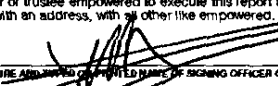


FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90157 044 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

10060100

DOCUMENT # P01000063763			
1. Entity Name 2654, INC.			
Principal Place of Business 1717 N. BAYSHORE DR., #A-2655 MIAMI, FL 33132		Mailing Address 1717 N. BAYSHORE DR., #A-2655 MIAMI, FL 33132	
2. Principal Place of Business 720 NE 69 ST Suite, Apt. #, etc. UNIT 7N City & State Miami FL Zip 33138 Country		3. Mailing Address 720 NE 69 ST Suite, Apt. #, etc. UNIT 7N City & State Miami FL Zip 33138 Country	
		4. FEI Number 65-1116554 Applied For Not Applicable	
		5. Certificate of Status Desired 8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DELBEKE, JEAN LOUIS 1717 N. BAYSHORE DR., #A-2655 MIAMI, FL 33132		7. Name and Address of New Registered Agent Name DELBEKE, Jean-Louis Street Address (P.O. Box Number is Not Acceptable) 720 NE 69 ST UNIT 7N City Miami FL Zip Code 33138	
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 last applicable)		DATE 04/08/03 (NOTE: Registered Agent's signature required when withdrawing)	
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 D DELBEKE, JEAN LOUIS 1717 N. BAYSHORE DR., #A-2655 MIAMI, FL 33132 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP D Jean-Louis Delbeke 720 NE 69 ST 7N Miami 33138 FL ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:  SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 04/08/03 305 305 0660 Daytime Phone #	