2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90757 013 ***150.00

DOCUMENT # P01000063908

1. Entity Name
SIMPLE INTERNATIONAL, CORP

Principal Place of Business
4487 FOXTAIL LANE
WESTON Fl 33331

Mailing Address
4487 FOXTAIL LANE
Weston Fl 33331

2. Principal Place of Business
3922 CHERRY LANE
Suite, Apt #, etc.
City & State: WESTON Fl
Zip: 33332
Country:

3. Mailing Address
3922 Cherry LANE
Suite, Apt. #, etc.
City & State: WESTON Fl
Zip: 33332
Country:

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-1118728 ☐ Applied F ☐ Not Appl

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

6. Name and Address of Current Registered Agent
ESPINOSA SANDRA
4487 FOXTAIL LANE
Weston Fl 33331

7. Name and Address of New Registered Agent
Name:
Street Address (P.O. Box Number is Not Acceptable): 3922 Cherry LANE
WESTON
City: WESTON FL Zip Code: 33332

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 ac the obligations of registered agent.

SIGNATURE: Sandra Espinosa
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 Added to Fe

10. OFFICERS AND DIRECTORS

TITLE	DP	☐ Delete
NAME	ESPINOSA SANDRA	
STREET ADDRESS	4487 FOXTAIL LANE	
CITY-ST-ZIP	Weston Fl 33331	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1

TITLE		☒ Change ☐
NAME		
STREET ADDRESS	3922 cherry LANE	
CITY-ST-ZIP	WESTON Fl 3332	
TITLE		☐ Change ☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐
NAME		
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NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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 di 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 Bloc changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sandra Espinosa SANDRA ESPINOSA 4/21/03 (305)226-3443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #