FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 91221 013 ***150.00

DOCUMENT # P01000067156

1. Entity Name
Ciau S.A., CORP.

DO NOT WRITE IN THIS SPACE

11005638

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2645 Executive Park Dr	2645 Executive Park Dr.
Suite, Apt. #, etc. Suite 120	Suite, Apt. #, etc. Suite 120
City & State Weston, Fl	City & State Weston, Fl
Zip 33331 Country USA	Zip 33331 Country USA

4. FEI Number 65-1124213 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Ileana Arias, Esq.

Street Address (P.O. Box Number is Not Acceptable) 1725 Main St. Suite 205

City Weston FL Zip Code 33326

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] Ileana Arias, Esq. 4/14/03
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director / President Jhon Hernandez 2645 Executive Park Dr. Suite 120, Weston, Fl 33331
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director / Vice President AUDRA MORALES 2645 Executive Park Dr. Suite 120 Weston, Fl 33331
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jhon Hernandez, President 4/10/03 (954) 3852284
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #