

**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 # PO1000067156	
1. Entity Name CIAU S.A., CORP.	

DO NOT WRITE IN THIS SPACE

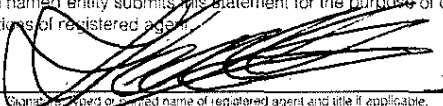
11005638

2. Principal Place of Business 2645 Executive Park Dr.		3. Mailing Address 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

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 65-1124213		Applied For ☐
			Not Applicable ☐
	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
	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  **Ileana Arias, Esq.** DATE **4/14/03**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/Vice President AUDRA MORALES 2645 Executive Park Dr. Suite 120 Weston, FL 33331	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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** DATE **4/10/02** (954) 3852284

CR2E034B (12/02)