FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State
05-16-2002 90048 030 ***150.00
02-08-2002 90002 025 ***150.00

DOCUMENT # P01000071497

1. Entity Name
CARAMAN CORP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
ROYAL PALM PLAZA	4314 MAHOGANY RIDGE DR
Suite, Apt. #, etc. STE #66	Suite, Apt. #, etc.
City & State BOCA RATON FL	City & State WELLON FL
Zip 33431 Country PALM BEACH	Zip 33331 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number P0-0003225 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name A. RAY ALFUEGO CPA

Street Address (P.O. Box Number Is Not Acceptable) 3270 SW 17TH

City MIAMI FL Zip Code 33145

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 A. RAY ALFUEGO CPA (NOTE: Registered Agent signature required when reinstating) DATE 04/30/02

Signature, typed or printed name of Registered Agent and title if applicable

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) X

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P NAME CARDAMA T JUAN M STREET ADDRESS 4314 MAHOGANY RIDGE DR CITY-ST-ZIP WELLON FL 33331	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME CARDAMA MARIA STREET ADDRESS 4314 MAHOGANY RIDGE DR CITY-ST-ZIP WELLON FL 33331	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE DPT NAME GARCIA GABRIEL STREET ADDRESS CALLE NORTE #1 CITY-ST-ZIP EL TIGRE, VENEZUELA	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 04/30/02 (954)6600384

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

P01 JUAN CARDAMA