Daytime Phone #

2003 FOR PROFIT CORPORATION

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Apr 07, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P01000078106 DOCUMENT # 04-07-2003 90167 001 ***150.00 WINNER CORPORATE GROUP, INC. Principal Place of Business Mailing Address 21110 HIGLAND LAKES BLVD 16300 NE 19 AVE NORTH MIAMI FL 33179 NORTH MIAMI BEACH FL 33162 2. Principal Place of Business 3. Mailing Address 1450 NE 26 Suite, Apt. #, etc Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For City & State 65-1128164 WILTON oderdale Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SILVA, FERNANDO 16300 NE 19 AVE SUITE 100 SUITE C NORTH MIAMI BEACH FL-83162 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 regis (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Addition TITLE ☐ Delete JOEGE M. PONCZUCH PANCZUCH, JORGE M NAME NAME 1450 NE 26 ST 21110 HIGLAND LAKES BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH MIAMI FL 33179 CITY-ST-ZIP WILTON MANOR-Ft. Laud ☐ Delete ☐ Addition TITLE TITLE ☐ Change KARINA MENACHE MENACHE, KARINA M NAME 1450 NE 26 St STREET ADDRESS 21110 HIGLAND LAKES BLVD STREET ADDRESS NORTH MIAMI FL 33179 VILTON MANDE-FT. Lauderdale FL CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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 of oustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if