2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State
04-24-2003 90244 034 ***150.00

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DOCUMENT # P01000087541

1. Entity Name
LABSA CORPORATION

Principal Place of Business	Mailing Address
7313 NW 56TH STREET MIAMI, FL 33166	7313 NW 56TH STREET MIAMI, FL 33166

2. Principal Place of Business	3. Mailing Address
6471 Main Street	6471 Main Street
Suite, Apt. #, etc.: #1-202	Suite, Apt. #, etc.: #1-202
City & State: Miami Lakes, Fl	City & State: Miami Lakes, Fl
Zip: 33014 / Country: U.S.	Zip: 33014 / Country: U.S.

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-1136529 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROMAGNOLI, DANIEL 9790 E BAY HARBOR DR #4 BAY HARBOR ISLANDS, FL 33154	Name: ROMAGNOLI, DANIEL Street Address (P.O. Box Number is Not Acceptable): 6471 Main Street #1-202 City: Miami Lakes FL Zip Code: 33014

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 registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) 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 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD ☐ Delete	TITLE	PTD ☑ Change ☐ Addition
NAME	ROMAGNOLLI, DANIEL	NAME	ROMAGNOLI, DANIEL
STREET ADDRESS	9790 E BAY HARBOR DR #4	STREET ADDRESS	6471 Main Street #1-202
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154	CITY-ST-ZIP	Miami Lakes, FL 33014
TITLE	SD ☐ Delete	TITLE	SD ☑ Change ☐ Addition
NAME	LOPEZ, MARIO GUSTAVO	NAME	LOPEZ, MARIO GUSTAVO
STREET ADDRESS	9790 E BAY HARBOR DR #4	STREET ADDRESS	6471 Main Street #1-202
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154	CITY-ST-ZIP	Miami Lakes, FL 33014
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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	

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

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