FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90282 031 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

90105968

DOCUMENT # P01000093852

1. Entity Name
FAJAS CHAROL'S, CORP.

Principal Place of Business	Mailing Address
6901 NW 179TH STREET #105 MIAMI LAKES, FL 33015	6901 NW 179TH STREET #105 MIAMI LAKES, FL 33015

2. Principal Place of Business		3. Mailing Address	
7183 NW 179 ST			
Suite, Apt. #, etc. 108		Suite, Apt. #, etc. SAME	
City & State MIAMI, FL		City & State	
Zip 33015	Country DADE	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1140705 — 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
AGUERO, JACQUELINE G 6901 NW 179TH STREET #105 MIAMI LAKES, FL 33016	Name Street Address (P.O. Box Number Is Not Acceptable) 7183 NW 179 ST #108 City MIAMI FL Zip Code 33015

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 Jackeline Gocay Grid
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! (FEE IS $150.00) After May 1, 2003 Fee will be $650.00 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 NAME STREET ADDRESS CITY-ST-ZIP	D AGUERO, JACQUELINE 6901 NW 179TH STREET #105 MIAMI LAKES, FL 33015 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7183 NW 179 ST #108 MIAMI FL 33015 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OSPINA ANA, LEDESMA 6901 NW 179TH STREET #105 MIAMI LAKES, FL 33015 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7183 NW 179 ST #108 MIAMI FL 33015 ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Jackeline Gocay Grid
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #