FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2004 8:00 am
Secretary of State
01-21-2004 90010 012 ***150.00

DOCUMENT # P01000110924

1. Entity Name
E.J.T. INVESTMENTS INC

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
4779 COLLINS AVE		c/o DIEGO N. ALVADO	
Suite, Apt. #, etc. #1904		Suite, Apt. #, etc. 980 NW 135th Street	
City & State MIAMI BEACH, FL		City & State NORTH MIAMI FL	
Zip 33140	Country	Zip 33168	Country

4. FEI Number 65-1152407 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name EDUARDO J. TRILLA

Street Address (P.O. Box Number is Not Acceptable)
4779 COLLINS AVE # 1904

City MIAMI BEACH **FL** Zip Code 33140

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

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

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	PD	TITLE	
NAME	TRILLA EDUARDO J	NAME	
STREET ADDRESS	4779 Collins Ave #1904	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FLORIDA 33140	CITY-ST-ZIP	
TITLE	SP	TITLE	
NAME	JUAREZ DE TRILLA, MARIA L	NAME	
STREET ADDRESS	4779 COLLINS AVE #1904	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FLORIDA 33140	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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] OWNER 01/17/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #