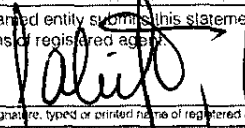
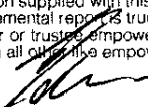


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91894 024 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000114189 1. Entity Name ASTROTED, INC.					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 3715 SEGOVIA STREET		3. Mailing Address 1850 SW 8th STREET			
Suite, Apt. #, etc. FLOOR 1		Suite, Apt. #, etc. SUITE 209			
City & State CORAL GABLES, FL		City & State MIAMI, FL		4. FEI Number 651158225	
Zip 33135		Country		Applied For Not Applicable	
5. Certificate of Status Desired ☐		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
7. Name and Address of Current Registered Agent					
Name DIAZ-SARMIENTO, GABRIEL S.					
Street Address (P.O. Box Number is Not Acceptable) 1985 NW 88th Court, Suite 201					
City Miami FL Zip Code 33172					
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 		Gabriel S. Diaz-Sarmiento, CPA		04/24/03	
(NOTE: Registered Agent signature required when reinstating)					
January 1 - May 1: Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TEDESCO, FELIPE 1850 SW 8 St., #209, Miami, FL 33135		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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 reports 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 on an attachment with an address, with all other duly empowered.					
SIGNATURE: 		FELIPE TEDESCO		04/25/03 (305) 642-1045	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

CR2E034B (12/02)