FOR PROFIT CORPORATION

Jan 21, 2003 8:00 am UNIFORM BUSINESS REPORT (UBR) **Secretary of State** DOCUMENT # PO1000116452 01-21-2003 90550 003 ***150.00 1. Entity Name MI AMPARITO CLEANING COMPANY 20015426 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 3347 WEST SAN SALVADOR ST 3347 WEST SAN SALVADOR ST Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State LANTANA, FLORIDA 4. FEI Number Applied For 04-3594790 LANTANA, FLORIDA Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33462 USA 33462 USA Fee Required 7. Name and Address of Current Registered Agent AMPARO VELASQUEZ TOVAR DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 3347 WEST SAN SALVADOR ST City LANTANA 33462 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. AMPARO VELASQUEZ TOVAR 01/10/2003 SIGNATURE January 1) - May 1 Fee:Is \$250.00 9. Election Campaign Financing \$5.00 May Be Affer May 1, Fee is \$550.00 Trust Fund Contribution. Amended UBR is \$61.25 Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. CR2E034B (12/02) TITLE TITLE **PVSD** 40 NAME NAME AMPARO VELASQUEZ TOVAR STREET ADDRESS STREET ADDRESS 3347 W. SAN SALVADOR ST CITY-ST-ZIP CITY-ST-ZIP LANTANA, FL 33462 TITLE TITLE TD NAME MARCO TULIO ROJAS NAME STREET ADDRESS STREET ADDRESS 3347 W. SAN SALVADOR ST CITY ST-ZIP CITY-ST-ZIP LANTANA FL 33462 TITLE TITLE . NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP 1. TITLE IN THIS SPACE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP -CITY-ST-ZIP TITI F TITLE 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 eath; 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 like empowered.

TITLE NAME .

STREET ADDRESS

CITY-ST-ZIP

AMPARO VELASOUEZ SIGNATURE: 💪

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP