FILED
Jun 26, 2003 8:00 am
Secretary of State

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05-05-2003 91838 043 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000000170

1. Entity Name
POVEDAS LITTLE SHOP BY MAIL CORP.

00110010

55049889

Principal Place of Business	Mailing Address
22773 SW 65TH AVE BOCA RATON, FL 33428	22773 SW 65TH AVE BOCA RATON, FL 33428

[redacted]

2. Principal Place of Business	3. Mailing Address
22251 TEMPO WAY	22251 TEMPO WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOCA RATON, FL	City & State: BOCARATON FL
Zip: 33428 Country: USA	Zip: 33428 Country:

26-005154 ☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 26-0005154 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

POVEDA, JESSICA
22773 SW 65TH AVE
BOCA RATON, FL 33428

7. Name and Address of New Registered Agent

Name: POVEDA, JESSICA
Street Address (P.O. Box Number is Not Acceptable): 22251 TEMPO WAY
City: BOCA RATON FL Zip Code: 33428

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] JESSICA POVEDA 4/28/03
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 $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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST POVEDA, JESSICA ~~22773 SW 65TH AVE~~ ~~BOCA RATON, FL 33428~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST POVEDA, JESSICA 22251 TEMPO WAY BOCA RATON, FL 33428 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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] 4/28/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JESSICA POVEDA