FILED

## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

Apr 22, 2003 8:00 am Secretary of State P02000013663 DOCUMENT # 04-22-2003 90051 018 \*\*\*150.00 1. Entity Name COFRADIA ENTERPRISES, INC. Principal Place of Business Mailing Address **1100000**0 8317 SW 107 AVE 8317 SW 107 AVE #C #C MIAMI FL 33173 **MIAMI FL 33173** 2. Principal Place of Business 3. Mailing Address 1155 Briene ] 155 Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For FliAn 80-0036780 Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA 6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent TOVAR, NICOLAS Street Address (P.O. Box Number is Not Acceptable) 8317 SW 107 AVE #C **MIAMI FL 33173** 8. The above named e ubmits 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 reg d agent 1 OVAL SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE TITLE Change Addition Delete TOJAR Nicolas TOVAR, NICOLAS NAME NAME Britan Bay DA #1605 STREET ADDRESS 8317 SW 107 AVE. #C STREET ADDRESS CiTY-ST-7IP MIAMI FL 33173 CITY-ST-7IP TITLE ☐ Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7E TITLE ~ -- Delete - -TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITL F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TIT) F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-718 I hereby certify that the indicated on this report o mation 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 pplemental 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 liver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the re