FILED
Apr 11, 2003 8:00 am
Secretary of State
03-24-2003 91016 030 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

3

DOCUMENT # P02000013749

1. Entity Name
PK2 INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
370 W. CAMINO GARDENS BLVD. SUITE 300 BOCA RATON, FL 33432	370 W. CAMINO GARDENS BLVD. SUITE 300 BOCA RATON, FL 33432

2. Principal Place of Business		3. Mailing Address	
		P.O. Box 145303	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State: Miami, FL	
Zip	Country	Zip: 33114-5303	Country: USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 03-0381581 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FRASER, DUNCAN C/O ACCURATE ASSOCIATES 660 LINTON BLVD., SUITE 207 DELRAY BEACH, FL 33444	Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code

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, 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	D FRASER, DUNCAN 660 LINTON BLVD., #207 DELRAY BEACH, FL 33444	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT EDUARDO DEL PORTILLO 1925 BRICKELL AVE Miami, FL 33129 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] Eduardo Del Portillo March 6, 2003 (305) 793 3373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #