FILED
Jun 20, 2003 8:00 am
Secretary of State

06-20-2003 90027 009 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000019436

1. Entity Name
DE FILIPPI ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1500 SAN REMO AVE., SUITE 177 CORAL GABLES, FL 33146	1500 SAN REMO AVE., SUITE 177 CORAL GABLES, FL 33146

2. Principal Place of Business		3. Mailing Address	
1500 San Remo Ave.		1500 San Rēmo Ave.	
Suite, Apt. #, etc.: Suite 103		Suite, Apt. #, etc.: Suite 103	
City & State: Coral Gables, Fl.		City & State: ~~Coral Gables, Fl~~	
Zip: 33146	Country:	Zip: 33146	Country:

XX CHECK HERE IF MAKING CHANGES

4. FEI Number: 04-3713598 ☐ 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
BARED AND ASSOC., P.A. 1500 SAN REMO AVE. #177 CORAL GABLES, FL 33146	Name: Street Address (P.O. Box Number is Not Acceptable): 1500 San REmo Ave. Suite 103 City: Coral Gables, FL Zip Code: 33146

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 DE FILIPPI, ANDRIAN E 1500 SAN REMO AVE., SUITE 177 CORAL GABLES, FL 33146	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	XX Change ☐ Addition 1500 San Remo #103 ~~Coral Gables, Fl. 33146~~
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE FILIPPI, MARIELA A 1500 SAN REMO AVE., SUITE 177 CORAL GABLES, FL 33146	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 1500 San Remo Ave. #103 Coral Gables, Fl. 33146
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: A De Filippi A. De Filippi, President 305-666-6010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #