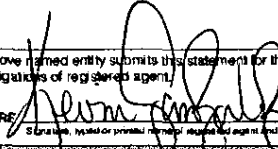
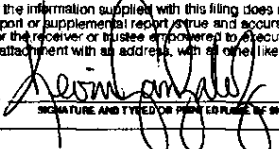


FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90737 030 ***150.00

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

DOCUMENT # P02000022278			
1. Entity Name POZOS INTERNATIONAL INC.			
Principal Place of Business 5848 SW 49TH STREET MIAMI, FL 33155 US		Mailing Address 5848 SW 49TH STREET MIAMI, FL 33155 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 02-0583210		☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent GONZALEZ, KEVIN 782 NW 42 AV 210 MIAMI, FL 33126		7. Name and Address of New Registered Agent Name Gonzalez, Kevin Street Address (P.O. Box Number is Not Acceptable) 5848 SW 49 Street City miami FL Zip Code 33155	
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:  Kevin Gonzalez, President 4/9/03 (NOTE: Registered Agent signature required when changing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$800.00 Make Checks 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	P GONZALEZ, KEVIN 782 NW 42 AV SUITE 210 MIAMI, FL 33126 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Kevin Gonzalez 5848 SW 49 Street Miami, FL 33155 ☒ 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an office like empowered.			
SIGNATURE:  Kevin Gonzalez		4/9/03 305.301.3251	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (10/02)

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