2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

MENT#	P02000024228	
ND CORPORATION		

DOCL 1. Entity Na COLDWI Principal Place of Business Mailing Address 55045720 12256 SW 131 AVE. 12256 SW 131 AVE. MIAMI FL 33186 MIAMI FL 33186 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 237 637 2 Applied For Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LAZARO, ENRIQUE Street Address (P.O. Box Number is Not Acceptable) 7575 W. FLAGLER ST.#200 **MIAMI FL 33144** 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. SIĞNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstating) 75 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. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Addition NAME CURRAS, CARLOS A NAME STREET ADDRESS STREET ADORESS 12256 SW 131 AVE. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33186 Delete TITLE TITLE ■ Addition SORDONI, RICARDO D NAME NAME STREET ADDRESS 12256 SW 131 AVE. STREET ADDRESS **3**318L CITY-ST-ZIP MIAMI FL 33186 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition 🔀 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Change TITLE ☐ Detete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify by 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 acculate and that have signature shall have the samelegal 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 a 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

FILED Jun 02, 2003 8:00 am **Secretary of State**

05-05-2003 90174 002 ***150.00

NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP PRIV-ST-71P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP