FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

04 JAH 30 AM 9:51 DOCUMENT # P02000024695 1. Entity Náme TALLAHASSEE, FLORIDA Yesenja Corporation 24003278 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 1034 NW 123rd ST Suite, Apt. #, etc. Suite, Apt. #, etc. ₩(5<u>0.</u>0(/ City & State City & State 4. FEI Number Applied For Miami, FL 02-0557315 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33182 7. Name and Address of Current Registered Agent Name Marta Sandino DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 1034 NW 123th Ct IN THIS SPACE Apt 708 City Zip Code Miami 33182 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 January 1 -- May-1 Fee is \$150.00 After May 1, Fee is \$550.00 9. Election Campaign Financing \$5.00 May Be Amended UBR is \$61.25 Trust Fund Contribution.-- -Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11 TITLE TITLE NAME Marta Sandino NAME 1034 NW. 123 CT. Apt 708 STREET ADDRESS STREET ADDRESS Miami, FL 33182 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. CITY-ST-ZIP TITLE TITLE NAME NAME: STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP IN THIS SPACE TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP +11. CITY-ST-ZIP TITLE 20.5 ंच्या त NAME . - NAME THE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 eath; 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 on an attachment with an address, with all other like empowered (305) 638-0951 fandens 1/16/2004 Marta Sandino SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

01-22-2004 90002 023 \*\*\* 150.00 P02000024695

Attachment 34003278

Florida Department of State Division of Corporations PO Box 1500 Tallahassee, FL 32302

Reference:

Yesenia Corporation

EIN: 02-0557315

Doc. No. P02000024695

We mailed the UBR report and the corresponding payment for the 2003 filing to you before, but per our phone conversation you got the payment but not the report. I am hereby, requesting a waiver for the penalty for late-filing-of-2003-and-reinstate-the corporation to active status. The EIN number requested that we did not included in the originally filed report is above included.

Per your instruction, I am filing and enclosing the payment for the 2004 UBR Report.

We apologize for this omission. Please update our records accordingly.

Thanks,

Marta Sandino

Registered Agent

Yesenia Corporation

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