2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2003 8:00 am Secretary of State P02000026054 DOCUMENT # 1. Entity Name 04-30-2003 90148 028 ***150.00 POWER COMPUTER EXPORT, CORP. Principal Place of Business Mailing Address 7336 CARLYLE AVE APT 4 7336-CARLYLE AVE APT 4 MIAMI FL 33141 MIAMI FL 33141 3. Mailing Address 2. Principal Place of Business CHECK HERE IF MAKING CHANGES Applied For City & Sta 4: FEI Number Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PEREZ. ORELBE Street Address (P.O. Box Number is Not Acceptable) 7336 CARLYLE AVE APT 4 MIAMI FL 33141 8. The above named entity submits this statement for the purpose of changing its registered office or in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Age 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. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Delete TITLE ☐ Change ☐ Addition TITI F PEREZ, ORELBE NAME NAME 7336 CARLYLE AVE APT 4 STREET ADDRESS STREET ADDRESS MIAMI FL 33141 CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete ~ TITLE MARTIN, RAUL A NAME NAME STREET ADDRESS 7336 CARLYLE AVE APT 4 STREET ADDRESS **MIAMI FL 33141** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition. TITLE Detete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITI F ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 talkite employment to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

changed, or on an attachment with at