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**2003 FOR PROFIT CORPORATION** 

<u> </u>	73111E33	REPUN	T (UBR)	_ Apr 18, 2003 8:00 am
DOCUMENT # F  1. Entity Name  PAELLA-CUSTOM-CATERIN	P0200002 IG-INC.	6989		Secretary of State 04-18-2003 90123 039 ***150.00
Principal Place of Business 2964 SW 7TH ST. MIAMI FL 33143	2964	g Address SW 7TH ST. FL 33143	The state of the s	
2. Principal Place of Business	3. Maili	ing Address	ABOVE	
Suite, Apt. #, etc.	Suite	e, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
City & State Mismi 7C	City	& State	•	4. FEI Number Applied For Not Applied For Not Applied For
33/35 Country US	A 33	135	Country	5. Certificate of Status Desired   \$8.75 Additional Fee Required
6. Name and Addres	s of Current Registere	d Agent		7. Name and Address of New Registered Agent
DEDET ALEDEDO			Name	•
PEREZ, ALFREDO 2964 SW 77H ST.			Street Address	(P.O. Box Number is Not Acceptable)
MIAMI FL 33143				
			City	FL Zip Code
SIGNATURE	\$150.00 be \$550.00	icable. (NOTI	E: Registered Agent signature require	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
	FICERS AND DIRECTOR	35	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PRESIDENT NAME STREET ADDRESS CITY-ST-ZIP NIAMI	& OWNER	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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. Thereby certify that the information	Supplied with this filing	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition  Gection 119.07(3)(i), Florida Statutes. I further certify that the information as same legal effect as if made under cath, that I am an officer or director.

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:

Date

Daytime Phone #

CR2E034 (10/02)