2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P02000029096



FILED Mar 20, 2003 8:00 am Secretary of State

1. Entity Na	S AFFAIR	s co.			03-20-2003 90146 028 ***150.00						
Principal Place of Business 8060 SW 159 PL MIAMI FL 33193			Mailing Address 8060 SW 159 PL MIAMI FL 33193								
2. Principal	Place of Busin	ness	3. Mailing Addres	g Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			-	☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			,	FEI Number 3644,561			Applied For Not Applicable	
Zip			Zip			- 1	Certificate of Status Desired		\$8.75 A	dditional	
<u></u>	6. Name	and Address of Current F	egistered Agent		News	7.	Name and Address of New Ro	egistered /			
VIADERO, CRISTINA					Name		<u>-</u>				
8060 SW			74.2	74.5		Street Address (P.O. Box Number is Not Acceptable)				•	
MIAMI FL								 -			
					City			*			
					_			FL	Zip Co		
the obliga	e named entity itions of registi	v submits this statement for ered agent.	the purpose of chang	ging its registere	ed office or regis	tered a	gent, or both, in the State of Flor	ida. I am f	amiliar with	, and accept	
SIGNATURE	Signature, typed	or printed name of registered agent an	d title if applicable.	(NOTE: Registered	d Agent signature requ	ired when i	reinstating)	DATE			
Afte	r May 1, 200	FEE IS \$150.00 Fee will be \$550.00 Florida Department of \$	State	**	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Election Campaign Fina Trust Fund Contribution	ancing	\$5.(Adde	00 May Be d to Fees	
10.	 -	OFFICERS AND D	RECTORS	11,		Α[L DDITIONS/CHANGES TO OFFIC	CERS AND	DIRECTOR	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VIADERO, (8060 SW 1 MIAMI FL 3	59 PL	☐ Delete	NAME STREE		-			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PENALOZA 8060 SW 1 MIAMI FL 3	59 PL	☐ Delete	TITLE NAME		-		•	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	T VARELA, R/ 8060 SW 19 MIAMI FL 3	59 PL		NAME	T ADDRESS	,,		سپخا – ای ب	Change .	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	NAME	ADDRESS T-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP			<u>.</u>	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP				Change	Addition	

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 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

SIGNATURE:

03-15-07

305-315-312ナ