## 2003 FOR PROFIT CORPORATION

## May 02, 2003 8:00 amg Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P02000029334 DOCUMENT # 05-02-2003 90128 047 \*\*\*150.00 1. Entity Name MORINCO GROUP, INC. Principal Place of Business Mailing Address 15077 SW 103 TERRACE #8106 15077 SW 103 TERRACE #8106 MIAMI FL 33196 MIAMI FL 33196 2. Principal Place of Business 602 5E Pine 3. Mailing Address Pinewood Trail inewood Teai Suite, Apt. #, etc TO CHECK HERE IF MAKING CHANGES (4) FEI Number Applied For itv & State Not Applicable Country A \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MUNOZ, PEDRO RICARDO Street Address (P.O. Box Number is Not Acceptable 15077 SW 103 TERR #1806 vewoo 4 **MIAMI FL 33196** 4. 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 tipol applicable. (NOTE: Registered Agent signature required when reinstating) 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 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE MUNOZ, PEDRO RICARDO NAME NAME wood Trail 15077 SW 103 TERR #8106 STREET ADDRESS STREET ADDRESS MIAMI FL 33196 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME munoz, eduardo NAME STREET ADDRESS 15077 SW 103 TERR #8106 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33196 CITY-ST-7IP TITLE Delete TITLE Change \_\_\_\_ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME

12. I hereby 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 accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if indicated on this report or supplemental report is true and of the corporation or the receiver or the changed, or on an attachment with a empowered to

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR