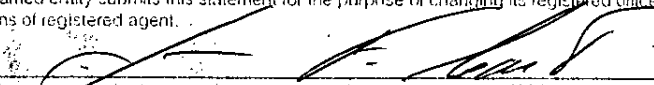
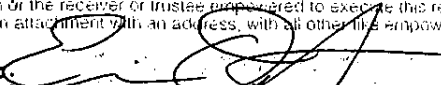


2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90175 010 ***150.00

DOCUMENT # PD2000031756					
1. Entity Name OJITO INVESTMENTS, INC					
Principal Place of Business 708 SW 99 COURT CIRCLE MIAMI - FLA 33174			Mailing Address		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	☐ CHECK HERE IF MAKING CHANGES	
4. FEI Number 03-041066L				☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CAST, LOUIS F 4805 NW 79 AVENUE SUITE #9 MIAMI - FL 33166			Name CAST, LOUIS F. Street Address (P.O. Box Number is Not Acceptable) 4805 NW 79 AVE. SUITE #9 City MIAMI - FL Zip Code 33166		
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  LOUIS F. CAST DATE 4-22-04 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when completing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE POVST	NAME EINAR OJITO STREET ADDRESS 709 SW 99 COURT CIRCLE CITY-ST-ZIP MIAMI - FLA 33174		TITLE PVSTD	NAME OJITO, EINAR STREET ADDRESS 709 SW 99 COURT CIRCLE CITY-ST-ZIP MIAMI - FL 33174	
TITLE	NAME STREET ADDRESS CITY-ST-ZIP		TITLE	NAME STREET ADDRESS CITY-ST-ZIP	
TITLE	NAME STREET ADDRESS CITY-ST-ZIP		TITLE	NAME STREET ADDRESS CITY-ST-ZIP	
TITLE	NAME STREET ADDRESS CITY-ST-ZIP		TITLE	NAME STREET ADDRESS CITY-ST-ZIP	
TITLE	NAME STREET ADDRESS CITY-ST-ZIP		TITLE	NAME STREET ADDRESS CITY-ST-ZIP	
TITLE	NAME STREET ADDRESS CITY-ST-ZIP		TITLE	NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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 changed, or on an attachment with an address, with all other lines empowered.					
SIGNATURE  EINAR OJITO, President DATE 4-22-04 (305) 93-5771 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					