2003 FOR PROFIT CORPORATION

1116 GOLDEN GATE AVENUE

ORIANDO EL 32808

UNIFORM BUSINESS REPORT (UBR) P02000035480 DOCUMENT # 1. Entity Name ENCARNACION, INC. Principal Place of Business Mailing Address

1116 GOLDEN GATE AVENUE ORLANDO EL 32808

SIGNATURE:

FILED May 01, 2003 8:00 am 8 Secretary of State 05-01-2003 90373 034 ***150.00

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D DIRECTOR	TORS II ange ange	Pees N 11 Addition Addition Addition	1000000
	\$8.75 Fee Re Agent	\$8.75 Addition Fee Required Agent	Applied For Not Applicable \$8.75 Additional Fee Required Agent

407-296-3389

2. Principal Place of Business			3. Mailing Address						!	:::::::::::::::::::::::::::::::::::::		FOLIS ODSP JOES	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES					
City & State			City & State			4.	4. FEI Number 4-3635994 Applied For Not Applicable						
Zip		Country	Zip		Coun	try	5.	5 Certificate of Status Desired				.75 Additional Required	
6. Name and Address of Current Registered Agent							7.	7. Name and Address of New Registered Agent					
ENCARNACION, PEDRITO R						Name							
1116 GOL	DEN GATE	AVENUE				Street Address (P.O. Box Number is Not Acceptable)							
	FL 32808	ATE TO E						_			<u>-</u>	<u>. </u>	
						City				FL	Zip Cod	e	
the obligat	named entity ions of regist		the purp	ose of changing its	registere	ed office or r	egistered a	igent,	or both, in the State of Florid	la. I am fa	ımillar with,	and accept	
SIGNATURE.	Signature, typed	or printed name of registered agent a	ind title if app	olicable. (NOTE	E: Registere	d Agent signature	e required when	reinsta	ating)	DATE			
After	May 1, 200	FEE IS \$150.00 Fee will be \$550.00 Florida Department of	State						Election Campaign Finan Trust Fund Contribution.	icing		0 May Be to Fees	
					11.		Δ	DDIT	IONS/CHANGES TO OFFICE	FRS AND	DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Cion, pedrito r Den gate avenue	<u> </u>	☐ Delete	TITLE NAM STRE				18110/01/11/11/1920 10 01/11/01		☐ Change	Addition	
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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 changed, or on an attachment with an address, with all other like empowered.

TED NAME OF SIGNING OFFICER OR DIRECTOR