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Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90073 038 ***158.75

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000037049

1. Entity Name
SULAMED, INC

10091514

Principal Place of Business	Mailing Address
6764 NW 199th STREET ~~Miami, FL 33015~~	6764 NW 199th STREET ~~Miami, FL 33015~~

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
5484 28th SW Avenue	5484 28th SW Avenue
Suite, Apt. #, etc. Apt # B	Suite, Apt. #, etc. Apt # B
City & State Naples, FL	City & State Naples, FL
Zip 34116 / Country USA	Zip 34116 / Country USA

4. FEI Number 01-0648535 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PB&A FINANCIAL SERVICES, CORP.
13935 NW 1st Avenue
Miami, FL 33168

7. Name and Address of New Registered Agent

Name Adalberto Cartagena
Street Address (P.O. Box Number is Not Acceptable) 5484 28th SW Avenue Apt # B
City Naples FL Zip Code 34116

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] 04/10/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	D ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	CARTAGENA, ADALBERTO	NAME	CARTAGENA, ADALBERTO
STREET ADDRESS	6764 NW 199th STREET	STREET ADDRESS	5484 28th SW Avenue Apt # B
CITY-ST-ZIP	Miami, FL 33015	CITY-ST-ZIP	Naples, FL 34116
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(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.

SIGNATURE: [signature] 04/10/03 (786) 374 4333