2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 14, 2003 8:00 am Secretary of State

UN	ILOHW ROZINE	:55 REPOR	LT (OR	R)	_	icuij			
DOCUMENT # P02000037933 1. Entity Name HENAO DEVELOPERS AND INVESTMENTS, CORP.					1	09-2003 901 <i>7€</i>	; 043 ***15	50.00	
Principal Place of Business 11709 SW 95 STREET MIAM! FL 33186		Mailing Address 11709 SW 95 STREET MIAMI FL 33188		 	Tari galif adali adali ada		. KI (4. IVI. (19)		
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEI Number Applied For Applied For Not Applicable				<u></u>	
Zip	Country	Zip	Country		5. Certificate of Status Desired		ditional	1	
	6. Name and Address of Current	Registered Agent	L Nos		7. Name and Address	of New Registers			╡~
HENAO, EDUARDO									
11709 SW 95 STREET				et Address (I	P.O. Box Number is Not A	cceptable)			
MIAMI_FL 33186]
آه گيران ماريخ			City			F	L Zip Cod	e	1
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 in a company of registered agent.									
SIGNATURE Signature, typed or printed name of registered agent and bite if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of		npaign Financing	\$5.0	O May Be I to Fees				
10.	OFFICERS AND		11.		ADDITIONS/CHANGES	S TO OFFICERS AN	ID DIRECTORS	S IN 11	4
TITLE NAME	ECUAROS HEURO	Pres Delete	TITLE NAME				☐ Change	Addition	3
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CHY-ST-ZIP	ertify that the information supplied with	this filing does not qualify for	the exemption	stated in Sec	tion 119 07(3)(i) Florida S	Statutes I further as	ertify that the In-	formation	{
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12. Thereby certify that the information supplied with this faing does not qualify for the exemption stated in Section 119.07(3)(t), Florida Statutes. Fluctures 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 807. 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:

SIGNAL LEQUIRED S

04/05/03

305 710 6364

Daytime Phone ®