2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State
04-14-2003 90929 031 ***150.00

DOCUMENT # P02000046178

1. Entity Name
CRIADERO AGUALINDA, INC

JUU0037U

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 8541 SW 27th AVE	Suite, Apt. #, etc. 8541 SW 27th AVE
City & State OCALA FLORIDA	City & State OCALA FLORIDA
Zip 34476 Country MARION	Zip 34476 Country MARION

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3654397 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: GABRIEL J. TORO

Street Address (P.O. Box Number is Not Acceptable): 8541 SW 27th AVE

City: OCALA FL Zip Code: 34476

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] DATE: 4/12/03
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $ 150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE D NAME CARDENAS OCHOA SILVANA STREET ADDRESS KRA 48 No 16 A SUR 43 CITY-ST-ZIP MEDELLIN COLOMBIA		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D NAME CARDENAS OCHOA MARTIN STREET ADDRESS KRA 48 No 16 A SUR 43 CITY-ST-ZIP MEDELLIN COLOMBIA		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D NAME CARDENAS-OCHOA MAXIMILIANO STREET ADDRESS KRA 48 No 16 A SUR 43 CITY-ST-ZIP MEDELLIN COLOMBIA		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/12/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #