FILED
Sep 02, 2003 8:00 am
Secretary of State
04-29-2003 90072 027 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000048393

1. Entity Name
EZ FINETOUCH, INC

55055480

[redacted]

[redacted]

Principal Place of Business	Mailing Address
~~1921 NICOLE LEE DR #1137 APOPKA, FL 32703~~ old	~~1921 NICOLE LEE DR #1137 APOPKA, FL 32703~~ old

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
6454 Lakepembroke pl	6454 Lakepembroke pl
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando FL	City & State: Orlando FL
Zip: 32829 Country: Orange	Zip: 32829 Country: Orange

4. FEI Number: 33-1002571 ☐ 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
REYES, EDINSON M	Name
~~1921 NICOLE DIR #1137~~ 6454 Lake pembroke pl	Street Address (P.O. Box Number Is Not Acceptable)
~~APOPKA, FL 32703~~ orlando FL 32829	City FL Zip Code

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 X Edinson M. Reyes
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Mr. Edinson M Reyes 6454 Lake pembroke pl Orlando FL 32829 (Director) ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Edinson M. Reyes 4/26/03 (407)709-2180 cell (407)275-5020 H
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #