2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State
03-26-2003 90140 047 ***150.00

DOCUMENT # P02000051902

1. Entity Name
E.L. STATION, CORP.

Principal Place of Business	Mailing Address
780 NW 42 AVE., STE. 420 MIAMI FL 33126	780 NW 42 AVE., STE. 420 MIAMI FL 33126

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
800 CLAUGHTON IS.	800 CLAUGHTON IS.
Suite, Apt. #, etc. # 1501	Suite, Apt. #, etc. # 1501
City & State MIAMI FL.	City & State MIAMI FL.
Zip 33131 Country U.S.A.	Zip 33131 Country U.S.A.

4. FEI Number 14-1845981 ☐ 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
MAZZA-MARTINEZ, TANIA A 780 NW 42 AVE., STE. 420 MIAMI FL 33126	Name ANTONIO E. DI BUONGRAZIO Street Address (P.O. Box Number is Not Acceptable) 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 [signature] ANTONIO E. DI BUONGRAZIO 3-18-03
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 NAME STREET ADDRESS CITY-ST-ZIP	P BUONGRAZIO, ANTONIO E 780 NW 42 AVE., STE. 420 MIAMI FL 33126	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DI BUONGRAZIO ANTONIO E. 800 CLAUGHTON IS. #1501 MIAMI FL. 33131	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] ANTONIO E. DI BUONGRAZIO 3/18/03 7864251694
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #