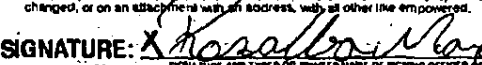


FILED
Jul 09, 2003 8:00 am
Secretary of State

05-05-2003 91904 015 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000052606		
1. Entity Name M & R PERFORMANCE WAREHOUSE, CORP.		
Principal Place of Business 2011 S.W. 12ND CT. MIAMI, FL 33175		Mailing Address 2011 S.W. 12ND CT. MIAMI, FL 33175
2. Principal Place of Business 8341 NW 66 ST		3. Mailing Address 8341 NW 66 ST
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State MIAMI FLORIDA		City & State MIAMI FLORIDA
Zip 33175	Country USA	4. FEI Number 04-3663348
5. Name and Address of Current Registered Agent MOREJON, ROSALBA 2011 S.W. 12ND CT. MIAMI, FL 33175		6. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
7. Name and Address of New Registered Agent		8. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
SIGNATURE  Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent's signature required when changing)		DATE
10. OFFICERS AND DIRECTORS		11. ADDITION/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP
Delete ☐		Change ☐ Addition ☐
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP
Delete ☐		Change ☐ Addition ☐
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP
Delete ☐		Change ☐ Addition ☐
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP
Delete ☐		Change ☐ Addition ☐
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP
Delete ☐		Change ☐ Addition ☐
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:  ROSALBA MOREJON 5/1/03 305-470-1535 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT		

55050631