FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91887 025 ***150.00

2003 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000055264

1. Entity Name

J.F.H.N., CORP.

90129326

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1150 NW 72 AVE	1150 NW 72 AVE
Suite, Apt. #, etc. STE.520	Suite, Apt. #, etc. STE. 520
City & State MIAMI, FL.	City & State MIAMI, FL.
Zip 33126 Country USA	Zip 33126 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0504061 ☐ 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 JUAN NICOLAS PELAEZ

Street Address (P.O. Box Number is Not Acceptable)

1150 NW 72 Ave. STE. 520

City MIAMI **FL** Zip Code 33126

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] JUAN N. PELAEZ 4/29/03

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

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	P	TITLE	
NAME	PELAEZ,JUAN NICOLAS	NAME	
STREET ADDRESS	1150 NW. 72 AVE STE.#520	STREET ADDRESS	
CITY-ST-ZIP	MIAMI. FL. 33126	CITY-ST-ZIP	
TITLE	VS	TITLE	
NAME	ESTRADA, HECTOR HUGO	NAME	
STREET ADDRESS	1150 NW 72 AVE. STE. # 520	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL. 33126	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	**IN THIS SPACE**
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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: x [signature] JUAN N. PELAEZ 4/29/03 (305)822-0669

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #