FILED

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

## Jun 02, 2003 8:00 am **Secretary of State** P02000062203 DOCUMENT # 06-02-2003 90195 017 \*\*\*150.00 1. Entity Name PEDRO ALFONSO PRODUCTIONS, INC. Mailing Address Principal Place of Business 80123534 7239 SW 162 PLACE 7239 SW 162 PLACE MIAMI FL 33193 MIAMI FL 33193 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 01-07354 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALFONSO, PEDRO 7239 SW 162 PLACE MIAMI FL 33193 gent, or both, in the State of Florida. I am familiar with, and accept or the peopose of changing its registhe obligations of registered PEDOS ALFONS SIGNATURE re of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Addition Delete NAME ALFONSO, PEDRO NAME 7239 SW 162 PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33193 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITE - Dèlete TITLE Change - Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 experiencents 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 en powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if Indicated on this report or supplement of the corporation or the receiver or truchanged, or on an attachment with an

## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

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DOCUMENT  1. Entity Name	Γ#				501000000			
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DO NOT WRITE IN THIS SPACE								
2. Principal Place of Business  4239 SW 62 PLACE  Suite, Apt. #, etc.  Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE			
City & State	LOZIDA	City & State			4. FEI Number Applied For			
33193 Couptry		Zip Country		ry	5. Certificate of Status Desired \$8.75 Additional Fee Required			
	7-1: <del>712</del> -2:			Name . D 6	7. Name and Add	Iress of Current Regi		
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8. The above named entitle obligations of regi		r the purpose of changing its	registere			in the State of Florida.	I am familiar i	with, and accept
SIGNATURE Service to	PS Constitution of the part of the period of	DRO ALTO		Agent signature required	when reinstailing:	<u> </u>	S ZA	03
January 1 - After May Amende	May 1 Fee is \$150.00 y 1, Fee is \$550.00 ed UBR is \$61.25 to Florida Department of				<b>I</b>	on Campaign Financir Fund Contribution.	° – '	\$5.00 May Be Added to Fees
10.	OFFICERS AND	DIRECTORS	E (\$4.1)	and deposits of	Victoria de la composición	and the second	a deposit of the	- Control of Control o
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C.TY- ST-ZIP TITLE			оспу. Пп.а	a di				
NAME STREET ADORESS CITY-ST-ZIP			100 m	TADDRESS.				
12. I hereby certify that I	the information supplied with	this filing does not qualify for true and accurate and that movered to execute this repor-	the exem	ption stated in Sec	ction 119.07(3)(i), frame legal effect a	Florida Statutes. I furth s if made under oath:	er certify that that I im an or	the information ifficer or director
attachment with an	r the receiver or trust a emp socress, with all other like a	spowered.					2 2A	CUM JC29
SIGNATURE: PED RO ALFONSO PRESIDENT OS 27 03 305 4067599								