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

06-09-2003 90114 038 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000062282

1. Entity Name
PERSHING CASTLE CORP.

Principal Place of Business	Mailing Address
240 E FLAGLER ST MIAMI, FL 33131	240 E FLAGLER ST MIAMI, FL 33131

2. Principal Place of Business		3. Mailing Address	
9180 Fontainebleau Blvd		9180 Fontainebleau Blvd.	
Suite, Apt. #, etc.: Apt. 503		Suite, Apt. #, etc.: Apt. 503	
City & State: Miami, Florida		City & State: Miami, Florida	
Zip: 33172	Country: USA	Zip: 33172	Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 550809615 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired XX $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PEREZ, MARTINIANO J 12204 SW 101 TERRACE MIAMI, FL 33186	Name: Mario Curbelo Street Address (P.O. Box Number is Not Acceptable): 9180 Fontainebleau Blvd. Apt. 503 City: Miami FL Zip Code: 33172

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 Mario Curbelo 4/25/2003
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	PD PEREZ, MARTINIANO J 12204 SW 101 TERRACE MIAMI, FL 33186	XX Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDSV Mario Curbelo 9180 Fontainebleau Blvd., Apt. 503 Miami, Florida 33172	XX Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PEREZ, RAFAEL 5175 SW 62 AVENUE MIAMI, FL 33155	XX 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: Mario Curbelo, PDSV 4/25/2003 305-785-5103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #