FILED
Jun 04, 2003 8:00 am
Secretary of State

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05-05-2003 90353 027 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000063411

1. Entity Name
SWEET MICKY LONG DISTANCE SERVICES, INC.

55046368

Principal Place of Business	Mailing Address
601 BRICKELL KEY DR., SUITE 705 MIAMI, FL 33131	601 BRICKELL KEY DR., SUITE 705 MIAMI, FL 33131

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1000 Brickell Ave	1000 Brickell Ave
Suite, Apt. #, etc. 900	Suite, Apt. #, etc. 900
City & State Miami, FL	City & State Miami, FL
Zip 33131 Country US	Zip 33131 Country US

4. FEI Number ☑ 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
RICARDO BAJANDAS, P.A. 601 BRICKELL KEY DR., SUITE 705 MIAMI, FL 33131	Name Ricardo Bajandas, P.A. Street Address (P.O. Box Number is Not Acceptable) 1000 Brickell Ave, Suite 900 City Miami FL Zip Code 33131

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] Ricardo Bajandas 4/30/03
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	☐ Delete	TITLE S NAME Ricardo Bajandas, STREET ADDRESS 1000 Brickell Ave, Suite 900 CITY-ST-ZIP Miami, FL 33131	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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] Ricardo Bajandas, Secretary 4/30/03 305-377-0809
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #