7/28/2003-90134-006-~~$550.00~~ $550.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000084652

1. Entity Name
MADE GROUP I, CORP

55055783

[redacted]

Principal Place of Business	Mailing Address
11055 SW 42 TERRACE MIAMI, FL 33165	11055 SW 42 TERRACE MIAMI, FL 33165

MADE GROUP I C
MI ADDRESS 5524 NW 112 PL

2. Principal Place of Business	3. Mailing Address
5524 NW 112 PL	5524 NW 112 PL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FLORIDA	City & State: Miami, FLORIDA
Zip: 33178 Country: USA	Zip: 33178 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 01-0716115 ☐ 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
CASTANDEDA, DIANA 11055 SW 42 TERRACE MIAMI, FL 33165	Name: LUZ ESPEJO
Luz Diana Castaneda de (Espejo de Casada)	Street Address (P.O. Box Number is Not Acceptable): 5524 NW 112 PL
Mi NAME Luz D Espejo C.	City: MIAMI FL Zip Code: 33178

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

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	PS CASTABEDA, DIANA 11055 SW 42 TERRACE MIAMI, FL 33165	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS LUZ ESPEJO 5524 NW 112 PL MIAMI, FLORIDA 33178	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DIANA MOLINA 5524 NW 112 PL. MIAMI, FLORIDA 33178	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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

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: X Luz Diana Espejo C.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

9/18