FILED
Mar 24, 2003 8:00 am
Secretary of State
03-24-2003 91013 021 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

10046530

DOCUMENT # P02000064849

1. Entity Name
COMERCIALIZADORA MMT CORP.

Principal Place of Business	Mailing Address
2250 S.W. 3RD. AVENUE SUITE 201 MIAMI, FL 33129	2250 S.W. 3RD. AVENUE SUITE 201 MIAMI, FL 33129

2. Principal Place of Business	3. Mailing Address
13180 N. Cleveland	13180 N. Cleveland
Suite, Apt. #, etc.: Suite 111	Suite, Apt. #, etc.: Suite 111
City & State: N. FT. MYERS FL	City & State: N FT MYERS FL
Zip: 33903 Country: USA	Zip: 33903 Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 55-0786413 ☐ 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
I.P. PROFESSIONAL, INC. 2250 S.W. 3RD AVENUE SUITE 201 MIAMI, FL 33129	Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:

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] 03/17/2003
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 Checks 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	P TINJACA, HAIDIVY 2250 S.W. 3RD AVENUE, SUITE 201 MIAMI, FL 33129 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Tinjaca, Haidivy 13180 N. cleveland Suite 111 N Ft Myers FLORIDA 33903 ☒ 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
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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: [signature] Pres / 03/17/2003 / 2392464379
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #