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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000064867

1. Entity Name
GRAVITY CHECK, INC.

Principal Place of Business	Mailing Address
380 W. 63ST HIALEAH, FL 33012	380 W. 63ST HIALEAH, FL 33012

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 01-0721275 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RODRIQUEZ, ROLANDO
380 W. 63ST
HIALEAH, FL 33012

7. Name and Address of New Registered Agent

Name Rodriguez, Rolando
Street Address (P.O. Box Number is Not Acceptable) 380 West 63 Street
City Hialeah FL Zip Code 33012

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] Rolando Rodriguez 9/10/03
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
Amended UBR is $61.25
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	PS RODRIQUEZ, ROLANDO 380 W 63 ST HIALEAH, FL 33012	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Velazquez, Reynaldo A. 1171 West 50 Street Hialeah, FL 33012	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SANTIESTEBAN, EDUARDO 258 E 47 ST HIALEAH, FL 33012	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Garcia, David 6291 SW 148 court Miami, FL 33193	☐ 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	9/17	☐ 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: [signature] Rolando Rodriguez, Pres. 9/10/03 305-333-567
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #