2005 FOR PROFIT CORPORATION

DOCUMENT # P02000070633 1. Entity Name FELIPE & PEDRO, CORP.									FILED 17 PM 12: 1	. 3	
Principal Place of Business Mailing Address							1				
1305 N.W. 22ND STREET Miami, FL 33142				1305 N.W. 22ND STREET Miami, FL 33142				SEURLIAN (OF STATE TALLAHASSEE, FLORIDA			
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				10102005	REIN-P	CR2E098 (6/0		
City & State				City & State			4. FEI Numb 55-079		<u> </u>	Applied For Not Applicable	
, Zip	Country		Z	Zip		try	5. Certificate	of Status Desired	□ \$8.75 Fee Req	Additional uired	
	and Address of Current	ered Agent		Name	7. Name and	Address of New Ro	egistered Agent				
FELIPES, SERGIO 1305 N.W. 22ND STREET MIAMI, FL 33142						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 Region Felicle Argued Cliffe (10/10/0)											
Signature, typed or printed name of registered agent and title opportune. (New E: Registered Agent eignature required intermediately) DATE											
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00									vith s. 607.193(2)(not receive the pri		
10.	1 -	OFFICERS AND	DIREC		11.		ADDITIONS	/CHANGES TO OFF			
NAME STREET ADDRESS CITY-ST-ZIP		, SERGIO /. 22ND STREET L 33142		☐ Delete		E IE EET ADDRESS '- ST- ZIP	1071	700606 3/0501008	□ Char 59 541 020 **	,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, PEDRO 1305 N.W. 22ND STREET MIAMI, FL 33142					I			☐ Char	nge Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	CITY	RE EET ADDRESS /-ST-ZIP			☐ Chai		
12. I hereby certify that the information supplied with this filling 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 sape 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 for 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: Ledge (D. W. Zelle W) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date Date Date Date Date Date Date Date											

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