FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90178 005 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000071899

1. Entity Name
PETESIMPEXP USA CO.

90088746

Principal Place of Business	Mailing Address
17749 COLLINS AVE SUNNY ISLES BEACH, FL 33160	17749 COLLINS AVE SUNNY ISLES BEACH, FL 33160

2. Principal Place of Business	3. Mailing Address
	17501 COLLINS AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State SUNNY ISLES BEACH
Zip / Country	Zip 33160 / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 06-1640307 ☐ 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
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	Name KISS PETER Street Address (P.O. Box Number is Not Acceptable) 17501 COLLINS AVE City SUNNY ISLES BEACH FL Zip Code 33160

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]
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 PSTD NAME KISS, PETER STREET ADDRESS 17749 COLLINS AVE CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160	☐ Delete	TITLE PSTD NAME KISS PETER STREET ADDRESS 17501 COLLINS AVE CITY-ST-ZIP SUNNY ISLES BCH FL 33160	☒ 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
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] PETER KISS 3/25/03 305 610 9937
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #