FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90757 010 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000075423

1. Entity Name: ESPAVEN, CORP

Principal Place of Business: 9600 SW 8 St, Ste 7 Miami Fl 33174

Mailing Address: 9600 SW 8 St, Ste 7 Miami Fl 33174.

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
15952 STATE RD	7105 SW 8 St
Suite, Apt. #, etc.	Suite, Apt. #, etc. 309
City & State: SUNRISE Fl	City & State: Miami Fl
Zip: 33326 Country	Zip: 33144 Country

4. FEI Number: 16-1615260 ☐ Applied ☐ Not App

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

6. Name and Address of Current Registered Agent

PAEZ GRISELDA
9600 SW 8 St, Ste 7
Miami Fl 33174.

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Numbers Not Acceptable): 15952 State Rd
City: SUNRISE FL Zip Code: 33326

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 a[ccept] 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 Fee

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1[0]	
TITLE: PD NAME: Paez Manuel STREET ADDRESS: 1698 Orion Lane CITY-ST-ZIP: Weston Fl 33327	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐
TITLE: VPD NAME: Mery Hernandez de Paez STREET ADDRESS: 1698 Orion Lane CITY-ST-ZIP: Weston Fl. 33327.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐
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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 informa[tion] 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 dir[ector] 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 Bloc[k 11 if] changed, or on an attachment with an address, with all other like empowered

SIGNATURE: [signature] Mery H de Paez 4/28/03 (305) 226-3443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #