2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90168 001 ***150.00

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DOCUMENT # P02000078323

1. Entity Name
ABSOLUT TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
8405 N.W. 140 TERRACE	8405 N.W. 140 TERRACE
UNIT 3705	UNIT 3705
MIAMI LAKES FL 33016	MIAMI LAKES FL 33016
US	US

2. Principal Place of Business		3. Mailing Address	
8004 NW 140 TERR		8004 NW 140 TERR	
Suite, Apt. #, etc.: # 255		Suite, Apt. #, etc.: # 255	
City & State: Miami Lakes, FL		City & State: Miami Lakes, FL	
Zip: 33016	Country: US	Zip: 33016	Country: US

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 05-0522941 ☐ 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
CORPORATION SERVICE COMPANY	Name: David T. Perez, Esq.
1201 HAYS STREET	Street Address (P.O. Box Number is Not Acceptable): 7590 NW 186 ST
TALLAHASSEE FL 32301	Suite 206
	City: Miami FL Zip Code: 33015

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] 4/25/03
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
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	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	PEREZ, MIGUEL A		NAME		
STREET ADDRESS	8405 N.W. 140 TERRACE, UNIT 3705		STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL 33016		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 REQUIRED [signature] 4/23/03 305-863-8483
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #