FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91442 008 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

80113443

DOCUMENT # P02000078926

1. Entity Name
EJEMPLO PRODUCCIONES, INC.

Principal Place of Business	Mailing Address
5055 NW 7TH ST STE 409 C/O NOE GIL MIAMI, FL 33126	5055 NW 7TH ST STE 409 C/O NOE GIL MIAMI, FL 33126

2. Principal Place of Business	3. Mailing Address
10397 SW 88TH ST	10397 SW 88TH ST
Suite, Apt. #, etc. W-7	Suite, Apt. #, etc. W-7
City & State MIAMI, FL 33176	City & State MIAMI, FL
Zip 33176 Country USA	Zip 33176 Country USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 36-4522226 ☐ 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
ESPINOZA, DIMAS 5055 NW 7TH ST STE 409 C/O NOE GIL MIAMI, FL 33126	Name 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 ______
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DCEO ESPINOZA, DIMAS 5055 NW 7TH ST STE 409 MIAMI, FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCEO ESPINOZA, DIMAS 10397 SW 88TH ST #W-7 MIAMI, FL 33176	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCOO GIL, NOE 5055 NW 7TH ST STE 409 MIAMI, FL 33126	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCOO ESPINOZA, MARTHA 10397 SW, 88TH ST #W-7 MIAMI, FL 33176	☐ 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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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] DIMAS ESPINOZA 04/30/03 305-894-1228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #