FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90990 040 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000083866

1. Entity Name
OSVALDO CORPORATION

90118861

Principal Place of Business	Mailing Address
9500 N.W. 77TH AVENUE SUITE 25 HIALEAH GARDENS, FL 33016-2590	9500 N.W. 77TH AVENUE SUITE 25 HIALEAH GARDENS, FL 33016-2590

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
9500 NW 77th Avenue	9500 NW 77th Avenue
Suite, Apt. #, etc.: Suite 17	Suite, Apt. #, etc.: Suite 17
City & State: Hialeah GARDENS, FL	City & State: Hialeah Gardens, FL
Zip: 33016 Country: DADE	Zip: 33016 Country: DADE

4. FEI Number: 03-0476632 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

SANCHEZ, OSVALDO
9500 N.W. 77TH AVENUE
SUITE 25
HIALEAH GARDENS, FL 33016-2590

7. Name and Address of New Registered Agent

Name: Sanchez, Osvaldo
Street Address (P.O. Box Number is Not Acceptable): 9500 NW 77th Ave
Suite 17
City: Hialeah Gardens FL Zip Code: 33016

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: X Sanchez, Osvaldo — 4/28/03
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANCHEZ, OSVALDO 9500 N.W. 77TH AVENUE, SUITE 25 HIALEAH GARDENS, FL 330162590 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Sanchez, Osvaldo 9500 NW 77th Avenue, Suite 17 Hialeah Gardens, FL 33016 ☒ 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: X Osvaldo Sanchez — 4/28/03 — 786-256-1915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #