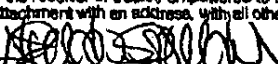


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/2/2003-90175-005-\$150.00-\$150.00

03 OCT 13 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000086121					
1. Entity Name SOUTH FLORIDA EXCLUSIVE SERVICES INC.					
Principal Place of Business 4066 CRESCENT CREEK STREET COCONUT CREEK, FL 33073			Mailing Address 4066 CRESCENT CREEK STREET COCONUT CREEK, FL 33073		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 01-0740712	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAAVEDRA, LEONARDO R 4066 CRESCENT CREEK STREET COCONUT CREEK, FL 33073			7. Name and Address of New Registered Agent		
			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 in printed name of registered agent and date if applicable. (NOTE: Registered Agent signature not required when obtaining)					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	PSD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SAAVEDRA, LEONARDO R		NAME		
STREET ADDRESS	4066 CRESCENT CREEK STREET		STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK, FL 33073		CITY-ST-ZIP		
TITLE	VTD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SAAVEDRA, ALFREDO R		NAME		
STREET ADDRESS	4066 CRESCENT CREEK STREET		STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK, FL 33073		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		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:  ALFREDO SAAVEDRA 03/21/03 (154) 4277985					
SIGNATURE AND TYPED OR PRINTED NAMES OF SIGNING OFFICER OR DIRECTOR					

CR20034 (10/02)

2111/15

Attachment

801413296

P02000084121

SFEX.net

August 29, 2003

Department of State
Division of Corporations
Corporate Filing
P.O. BOX 6327
Tallahassee, FL 32314

To Whom It May Concern:

Please be aware that we did not receive a preprinted report in January 2003. And I was told to send this letter along with a copy from an e-mail received with instructions from corphelp@dos.state.fl.us along with \$150 for the uniform business report fees for this year

Sincerely,



Alfredo Saavedra
SFEX.net
Vice-president