FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91892 006 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000086276

1. Entity Name
SDH INTERNATIONAL INC.

80111405

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
613 SW 4th. St.	613 SW. 4th. St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hallandale	City & State: Hallandale
Zip: 33009 Country: USA	Zip: 33009 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 76-0707597 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Marcel Valeriano

Street Address (P.O. Box Number is Not Acceptable):
613 SW 4th. St.

City: Hallandale FL Zip Code: 33009

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

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Valeriano, Juan Carlos 613 SW 4th. St.Hallandale, FL.	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] PRESIDENT 4/28/03 954-458-7637
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #