FILED
Jun 16, 2003 8:00 am
Secretary of State

05-05-2003 91871 009 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000086400

1. Entity Name
A1 AYALA CORP.

Principal Place of Business
3920 NW 37 AVE
MIAMI, FL 33142

Mailing Address
3920 NW 37 AVE
MIAMI, FL 33142

[redacted]

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
420 NW 74 AVE
Suite, Apt. #, etc.

3. Mailing Address
420 NW 74 AVE
Suite, Apt. #, etc.

City & State: MIAMI FL.
Zip: 33126 Country:

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Zip: 33126 Country:

4. FEI Number: 22-3864081 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
SOTO, MILVA
1 BENTLEY DR
MIAMI SPRINGS, FL 33166

7. Name and Address of New Registered Agent
Name: JULIO AYALA
Street Address (P.O. Box Number is Not Acceptable): 420 NW 74 AVE
City: MIAMI FL Zip Code: 33126

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: _____ 4/30/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when submitting) DATE

FILING FEE: $150.00
After May 1, 2003 add $5.00
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	DP ☒ Change ☐ Addition
NAME	SOTO, MILVA	NAME	JULIO AYALA
STREET ADDRESS	1 BENTLEY DR	STREET ADDRESS	~~420 NW 74 AVE~~ 420 NW 74 Ave
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166	CITY-ST-ZIP	MIAMI FL. 33126
TITLE	D ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	CABALLERO, OSMEL	NAME	
STREET ADDRESS	1 BENTLEY DR	STREET ADDRESS	
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166	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	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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 any address, with all other like empowered.

SIGNATURE: _____ 4/30/03 (305) 887-4204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #