2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91415 034 ***150.00

DOCUMENT # P02000088753

1. Entity Name
CEOS DISTRIBOTION, INC.

Principal Place of Business	Mailing Address
16254 SW 95 LN	16254 SW 95 LN
Miami Fl 33196	Miami Fl 33196

2. Principal Place of Business	3. Mailing Address
	7105 SW 8 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc. 309
City & State	City & State MIAMI Fl
Zip / Country	Zip 33144 / Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 75-3077400 ☐ 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
MARIA C. PARRA	Name
16254 S.W. 95 LN	Street Address (P.O. Box Number is Not Acceptable)
Miami Fl 33196	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 Fee

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE PD	PARRA MARIA C.	☐ Delete	TITLE ☐ Change ☐
NAME / STREET ADDRESS	16254 SW 95 LN		NAME / STREET ADDRESS
CITY-ST-ZIP	Miami Fl 33196		CITY-ST-ZIP
TITLE SD	GONZALEZ OSCAR A.	☐ Delete	TITLE ☐ Change ☐
NAME / STREET ADDRESS	16254 SW 95 LN		NAME / STREET ADDRESS
CITY-ST-ZIP	Miami Fl 33196		CITY-ST-ZIP
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐

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: Maria C Parra MARIA C. PARRA 4/25/03 (305)226-3443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #