FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90967 014 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000088309

1. Entity Name
EARTELLIGENCE, INC.

Principal Place of Business	Mailing Address
3001 SW 186TH TERRACE MIRAMAR, FL 33029	3001 SW 186TH TERRACE MIRAMAR, FL 33029

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
17035 NW 19TH COURT	17035 NW 19TH COURT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PEMBROKE PINES, FL	City & State: PEMBROKE PINES, FL
Zip: 33028 Country: U.S.A.	Zip: 33028 Country: U.S.A.

4. FEI Number: 30-0107733 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PEREZ, TAMMY
7005 WEST 17 CT
HIALEAH, FL 33014

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 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 $400.00
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

TITLE	D	☐ Delete
NAME	ZAMBRANO, ANGEL G	
STREET ADDRESS	3001 SW 186TH TERRACE	
CITY-ST-ZIP	MIRAMAR, FL 33029	
TITLE	D	☐ Delete
NAME	DEL CARMEN MARQUEZ, PATRICIA	
STREET ADDRESS	3001 SW 186TH TERRACE	
CITY-ST-ZIP	MIRAMAR, FL 33029	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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 an address, with all other like empowered.

SIGNATURE: [illegible] APRIL 29/2003 (954) 7015565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #