2003 FOR PROFIT CORPORATION

Apr 14, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** P02000088887 DOCUMENT # 1. Entity Name 04-14-2003 90020 004 ***150.00 D' AGUILAR CORP. Principal Place of Business Mailing Address 346 E 63 ST 346 E 63 ST HIALEAH FL 33013 HIALEAH FL 33013 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 37/54/ Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GONZALEZ. ISIDRA Street Address (P.O. Box Number is Not Acceptable) 14601 HARRIS PL MIAMI LAKES FL 33014 City 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 d Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Addition ☐ Delete NAME aguilar, gladys NAME STREET ADDRESS 346 E 63 ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33013 ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME aguilar, delfin STREET ADDRESS STREET ADDRESS 346 E 63 ST CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33013 Addition Delete TITLE TITLE ☐ Change NAME NAME gonzalez, isidra STREET ADDRESS STREET ADDRESS 14601 HARRIS PL CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33014 Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME aguilar-monahan, gladys m STREET ADDRESS STREET ADDRESS 131 M ST CITY-ST-ZIP CITY-ST-ZIP **BETH ME 04530** ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME

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

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED