FILED Apr 25, 2003 8:00 am Secretary of State

04-25-2003 90226 007 ***150.00

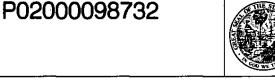
4. FEI Number

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**)

DOCUMENT #

1. Entity Name

COBILE PARTY, CORP.



Principal Place of Business Mailing Address 4110 WEST 12TH AVENUE 4110 WEST 12TH AVENUE HIALEAH FL 33012 HIALEAH FL 33012 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc City & State City & State Zip Country Country 6. Name and Address of Current Registered Agent

11016294



☐ CHECK HERE IF MAKING CHANGES

16-1627173 Not-Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name COVOS, DAVID A Street Address (P.O. Box Number is Not Acceptable) 3400 N.E. 192ND STREET #2108

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.

City

SIGNATURE Signature, typed or printed name of registered agent and title if applicable

AVENTURA FL 33180

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

DATE

Applied For

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Change ☐ Addition TITLE Delete COVOS, DAVID A NAME NAME 3400 N.E. 1921ND STREET SUITE #2108 STREET ADDRESS STREET ADDRESS CITY-ST-7IP AVENTURA FL 33180 CITY-ST-ZIP ☐ Delete Change Addition TITLE SD TITLE BIMAN, ANDRES G NAME STREET ADDRESS 3040 N.E. 1921ND STREET SUITE #2108 STREET ADDRESS **AVENTURA FL 33180** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE ۷D TITLE ☐ Change NAME LEISERSON, NATALIO J NAME STREET ADDRESS 3784 N.E. 209TH TERRACE STREET ADDRESS CITY - ST - ZIP AVENTURA FL 33180 CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE. COVOS, ENRIQUE H NAME NAME STREET ADDRESS 21205 N.E. 37TH AVENUE SUITE 1609 STREET ADDRESS CITY-ST-ZIP **AVENTURA FL 33180** CITY - ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

Daytime Phone #