FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91894 023 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

80111527

DOCUMENT # P02000100295

1. Entity Name
CD CORNER CORP.

Principal Place of Business	Mailing Address
6955 NW 52 STREET SUITE 109 MIAMI, FL 33166	6955 NW 52 STREET SUITE 109 MIAMI, FL 33166

2. Principal Place of Business	3. Mailing Address
C/O EMILIO MASFORROLL	C/O EMILIO MASFORROLL
Suite, Apt. #, etc. 11180 W FLAGLER ST #11	Suite, Apt. #, etc. 11180 W FLAGLER ST #11
City & State MIAMI FL	City & State MIAMI FL
Zip 33174 Country MIAMI-DADE	Zip 33174 Country MIAMI-DADE

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 45-3081208 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~CORONADO, NESTOR~~
~~7060 CORAL WAY SUITE 24~~
~~MIAMI, FL 33155~~

7. Name and Address of New Registered Agent

Name EMILIO J MASFORROLL
Street Address (P.O. Box Number is Not Acceptable)
11180 W FLAGLER ST #11
City MIAMI FL Zip Code 33174

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] 4/30/03
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 Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BALESTIERI, ANDRES 6955 NW 52 STREET SUITE 109 MIAMI, FL 33166	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 4/30/03 305-552-1206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #