FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90178 012 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000110627

1. Entity Name
CLOSE-UP / PRIMER PLANO, INC.

11009989

Principal Place of Business	Mailing Address
6431 SW 116 CT STE B MIAMI, FL 33173	6431 SW 116 CT STE B MIAMI, FL 33173

2. Principal Place of Business	3. Mailing Address
10365 SW 88 ST	10365 SW 88 ST
Suite, Apt. #, etc. D4	Suite, Apt. #, etc. D4
City & State MIAMI FLORIDA	City & State MIAMI FLORIDA
Zip 33176 Country US	Zip 33176 Country US

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 13-4215968 ☐ 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
SOTO, JOSE M 6431 SW 116 CT STE B MIAMI, FL 33173	Name SOTO, JOSE M Street Address (P.O. Box Number is Not Acceptable) 10365 SW 88 ST AP D4 City MIAMI FL Zip Code 33176

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] JOSE M. SOTO 4/21/03
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	PVTS FORT, JORGE 6431 SW 116 CT STE B MIAMI, FL 33173	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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] JOSE M. SOTO 4/21/03 305 5952732
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #