

FILED
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Secretary of State

07-03-2003 90033 019 ***550.00

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

DOCUMENT # P02000111194 1. Entity Name PETALO DI ROSA INC.					
Principal Place of Business 2279 SW 132ND AVENUE MIRAMAR, FL 33027			Mailing Address 2279 SW 132ND AVENUE MIRAMAR, FL 33027		
2. Principal Place of Business 7325 NW 35 ST Suite, Apt. #, etc.			3. Mailing Address 7325 NW 35 ST Suite, Apt. #, etc.		
City & State MIAMI, FL Zip 33122			City & State MIAMI, FLA Zip 33122		
Country USA			Country USA		
4. FEI Number 75-3086862			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent PENA, BRUNILDA 2279 SW 132ND AVENUE MIRAMAR, FL 33027			7. Name and Address of New Registered Agent Name JUANA FERREIRA Street Address (P.O. Box Number is Not Acceptable) 3162 W 69 PLACE City MIAMI State FL Zip Code 33018		
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 <u><i>Juana Ferreira</i></u> DATE 6-30-03 Signature, typed or printed name of registered agent and the 1 applicable (NONE: Registered Agent's name required when necessary)					
9. Election Campaign Financing Trust Fund Contribution. ☐			\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	NAME	X Delete	TITLE	NAME	X Delete
STREET ADDRESS	2279 SW 132ND AVENUE		STREET ADDRESS	13420 NW 4 ST #201	
CITY-ST-ZIP	MIRAMAR, FL 33027		CITY-ST-ZIP	PENAROCK PINES FL 33028	
STREET ADDRESS	2279 SW 132ND AVENUE		STREET ADDRESS	3162 W 69 PLACE	
CITY-ST-ZIP	MIRAMAR, FL 33027		CITY-ST-ZIP	MIAMI, FL 33018	
STREET ADDRESS	2279 SW 132ND AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR, FL 33027		CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
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: <u><i>Elvin Pena</i></u> SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE: 6-30-03 305-639-1818 Date Daytime Phone #		

CPE0034 (10/02)