FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90471 001 ***150.00
04-30-2003 90471 002 *****8.75

55033718

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000115119

1. Entity Name
M.K. FLORIDA INC.

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
12000 BISCAYNE BLVD #507 MIAMI, FL 33181	12000 BISCAYNE BLVD #507 MIAMI, FL 33181

2. Principal Place of Business	3. Mailing Address
11510 Biscayne Blvd	11510 Biscayne Blvd
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: Miami Fl	City & State: Miami Fl
Zip: 33181 Country: U.S.A.	Zip: 33181 Country: U.S.A.

4. FEI Number: 02-0649824 ☐ 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
CHIARATO, UGO V 12000 BISCAYNE BLVD #507 MIAMI, FL 33181	Name Street Address (P.O. Box Number Is Not Acceptable) City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

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	~~PTSD~~ ~~PONCE, BERTA M~~ ~~12000 BISCAYNE BLVD #507~~ ~~MIAMI, FL 33181~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT + DIRECTOR Victor H. Valdes 21445 NE 19Ct, N.M.B FL 33179	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT + DIRECTOR Eduardo Kirksey 1020 NE 107 Street Miami Shore	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY/TREASURER/DIRECTOR Pedro F. Valdes 695 NE 172 St N.M.B FL 33162	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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
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: x _____ President x 04/25/03 305 893 9557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #