2003 FOR PROFIT CORPORATION

May 05, 2003 8:00 am § Secretary of State UNIFORM BUSINESS REPORT (UBR) P02000124974 DOCUMENT # 05-05-2003 90717 046 ***158.75 1. Entity Name JJ MARKETING INC. Principal Place of Business Mailing Address \mathbf{r} 444 BRICKELL AVENUE 444 BRICKELL AVENUE SUITE 504-B SUITE 504-B MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address 349 LAKEVIEN DRIVE 349 LAKEUIEW DAIUE Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City₄& State Applied For 4. FEI Number 35-2188431 SPRINGS, Not Applicable \$8.75 Additional 33071 33071 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MIRANDA, OSVALDO Street Address (P.O. Box Number is Not Acceptable) 349 LAKEVIEW DRIVE CORAL SPRING FL 33071 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** 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003; Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE BECERRA, DANIA NAME NAME STREET ADDRESS STREET ADDRESS 444 BRICKELL AVENUE, SUITE 504-B CITY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIP TITLE Delete TITLE Change Addition CARVAJALES, JUAN NAME NAME 205 COLLINS AUL #305 STREET ADDRESS STREET ADORESS MIAMI BEACH, FL 33139 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ★ Addition MIRANDA, OSVALDO NAME NAME 349 LAKEUIEW DRIVE STREET ADDRESS. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS, FL 33071 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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SIGNATURE:

12. I hereby certify that the information supindicated on this report or supplemental

of the corporation or the receiver or changed, or on an attachment wit

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PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

wied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of jeport 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 stee empowers to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if address, with all other like empowered.