DUCCUMENT # PU2CUUT 22:30:9 BBEX POWER CORP.	UN	03 FOR PRO	IESS REPO	RATION RT (UBR)	FILED May 27, 2003 8:00 a 5/1 Secretary of State 05-01-2003 90218 004 ***150.00	
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City & State City & FL Zip Code City City & FL Zip Code City City & FL Zip Code City	2. Principal Place of Business		3. Mailing Address			
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PEREZ-EDUARDO K S260 SW 41 STREET MIANI R. 33165 The abore named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fock is. The abore named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fock is. The abore named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Fock is. The abore named entry submits and englased agent and the # doncable. The abore named entry submits and englased agent and the # doncable. The abore named entry submits and englased agent and the # doncable. The NOWIN FEE IS \$150.00 After May 1, 2032 Fee will be \$550.00	·····		ant Registered Agent			
City FL Zip Code The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Term (smillar with, and accept the obligations of registered agent, or both, in the State of Florida. Term (smillar with, and accept the obligations of registered agent, or both, in the State of Florida. Term (smillar with, and accept the obligations of registered agent and the / spintate. (DOTE Registered agent, or both, in the State of Florida. Term (smillar with, and accept the obligations of registered agent agent, or both, in the State of Florida. Term (smillar with, and accept the obligation of registered agent, or both, in the State of Florida. Term (smillar with, and accept the obligation of registered agent, or both, in the State of Florida. Term (smillar with, and accept the obligation of registered agent, or both, in the State of Florida. Term (smillar with, and accept the obligation of registered agent, or both, in the State of Florida. Term (smillar with, and accept the obligation of registered agent, or both, in the State of Florida. Term (smillar with, and accept the obligation of registered agent, or both, in the State of Florida. Term (smillar with, and accept the obligation of registered agent, or both, in the State of Florida. Term (smillar with, and accept the obligation of registered agent, or both, in the State of Florida. Term (smillar with, and accept the obligation of registered agent, or both, in the State of Florida. Term (smillar with, and accept the obligation of registered agent, or both, in the State of Florida. Term (smillar with, and accept the obligation of the smillar with, and accept the smillar with, and accept the smillar with, and accept the obligating the smilla	9260 SW 4	11 STREET		يندر م شیده از نیز	dress (P.O. Box Number is Not Acceptable)	
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L 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	LE ME REET ADORESS Y - ST - ZIP		-	NAME STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
2. 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 trusted empowered to excertle 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 out like empowered.	 I hereby c indicated of the cor changed, 	ertify that the information supplied on this report or supplemental repor poration or the receiver or trusteg er or on an attachment with an addres	with this filing does not quali with this frue and accurate and t mpowered to excertise this re- ss, with all other like empower and the start like empower	ly for the exemption stated in hat my signature shall have port as required by Chapter ared.	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information to the same legal effect as if made under oath; that I am an officer or director ter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if	