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Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90113 032 ***150.00

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P02000129376**

1. Entity Name
PLUS DEVELOPMENT CORP.

Principal Place of Business	Mailing Address
101 MADERIA AVE CORAL GABLES, FL 33134	101 MADERIA AVE CORAL GABLES, FL 33134

2. Principal Place of Business	3. Mailing Address
4775 Collins Ave.	4775 Collins Ave.
Suite, Apt. #, etc.: 1902	Suite, Apt. #, etc.: 1902
City & State: Miami Beach, Florida	City & State: Miami Beach, Florida
Zip: 33140 Country: USA	Zip: 33140 Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number — ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

XIQUES, ALBERT J ESQ
101 MADERIA AVE
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name: Carlos Rajlin
Street Address (P.O. Box Number is Not Acceptable): 4775 Collins Ave. #1902
City: Miami Beach, FL Zip Code: 33140

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] DATE 4/10/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent 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	☐ Delete	TITLE: PD NAME: Rajlin, Carlos STREET ADDRESS: 4775 Collins Ave. #1902 CITY-ST-ZIP: Miami Beach, Florida 33140	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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] Carlos Rajlin, President 4/10/03 305-305-3386

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)