2004 EOD DDOEIT CO

FILED Jan 08, 2004 8:00 am **Secretary of State**

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01-08-2004 90048 036 ***158.75 DOCUMENT # P03000006646 COMERCIALIZADORA SIN FRONTERAS INC. Principal Place of Business Mailing Address 44000264 2900 BRICKELL AVENUE P.O. BOX 453635 MIAMI, FL 33129 MIAMI, FL 33245-3635 2. Principal Place of Business 901122 Suite, Apt. #, etc Suite, Apt. #, etc 01052004 CR2E034 (10/03) City & State Gily & Slate 4. FEI Number Applied For tomes? Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PEREZ, DAMARYS P 2900 BRICKELL AVENUE MIAMI, FL 33129 144 OF SW 293 TERRACE e of changing its registered office or registered agent, or both, in the State of Florida. I am famili 8. The above named entity subj the obligations of registeres SIGNATURE. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSD** TITLE Delete TITLE ☐ Change Addition PERE, DAMARYS P NAME NAME STREET ADDRESS 2900 BRICKELL AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33129 CITY-ST-ZIP TITUE Delete TITLE ☐ Change Addition SOTO, JUAN NAME MAME STREET ADDRESS 2900 BRICKELL AVENUE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI, FL 33129 - Change - - Addition TITLE -TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete TITLE ☐ Change __ Addition NAME MAME STHEET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition THE THUE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition THLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP s not or slifty for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information rate of that my signature shall have the same legal effect as if made under oath; that I am an officer or director utp rate required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied with this filing indicated on this report or supplemental report is true and of the corporation or the receiver or trustee empowered to changed, or on an attachme SIGNATURE: SIGNING OFFICER OR DIRECTOR



Miami, January 05, 2004

Secretary of State Division of Corporations P.O. Box 1500 Tallahassee, Florida32302

RE: Comercializadora sin Fronteras, Inc Document # P 03000006646

Gentlemen:

Enclosed please find annual report together with check in the amount of \$ 158.75

This represents the cost of filing for the annual report and certificate of status, of the above Reference Corporation.

Very Truly Yours,

Juan Soto

/14405 Sw 293 Terrace

Homestead, FL 33033