DOCUMENT # P03000037223

1. Entity Name
J.R.W. SOLUTION INC.

FILED
04 MAR -5 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
03/04/04 01054 013 *78.75

Principal Place of Business	Mailing Address
P.O. BOX 420220 KISSIMMEE, FL 34746	P.O. BOX 420220 KISSIMMEE, FL 34746

01192004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
5209 NW 74th ave	7930 N.W. 36th
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 22 Box 203
City & State Miami, FL	City & State Miami Florida
Zip 33166 Country DADE	Zip 33133 Country DADE

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

RAMIREZ, GENEROSA
795 SQUIRREL COURT
KISSIMMEE, FL 34746

7. Name and Address of New Registered Agent

Name Nidio Nunez
Street Address (P.O. Box Number is Not Acceptable) 5209 NW 74th Ave
Suite 22 Box 203
City Miami FL Zip Code 33166

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] Nidio Nunez
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
After May 1, 2004 Fee will be $550.00

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	D RAMIREZ, GENEROSA P.O. BOX 420220 KISSIMMEE, FL 34746	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Nidio Nunez 7930 N.W. 36 St Suite 22 Box 203	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] Nidio Nunez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #