


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90170 023 \*\*\*150.00

DOCUMENT # <b>P03000055355</b>	
1. Entity Name <b>Couetica Corp.</b>	

**DO NOT WRITE IN THIS SPACE**

**54053178**

2. Principal Place of Business <b>11750 SW 18th #128</b>	3. Mailing Address <b>11750 SW 18th #128</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>Miami FL</b>	City & State <b>Miami FL</b>
Zip <b>33175</b>	Country <b>USA</b>

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>51-046 P667-</b>	Applied For <input type="checkbox"/> No: Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <b>Sanchez, Leonardo</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>11750 SW 18th #128</b>	
City <b>Miami</b>	FL Zip Code <b>33175</b>

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 **Leonardo M Sanchez**

(NOTE: Registered Agent signature required when re-registering)

DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>PST Sanchez, Leonardo 11750 SW 18th #128 Miami FL 33175</b>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Leonardo M Sanchez**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)