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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000072059

1. Entity Name
SATELLITE 3000, INC

Principal Place of Business	Mailing Address
11479NW 50 TERRACE MIAMI, FL 33178 US	11479NW 50 TERRACE MIAMI, FL 33178 US

04272005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
4995 NW 72 AV	Same
Suite, Apt. #, etc.: 403	Suite, Apt. #, etc.: —
City & State: Miami FL	City & State: FL
Zip: 33166 Country: USA	Zip: — Country: —

4. FEI Number: 113694604 ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NAVARRO, RICARDO 4815 NW 79 AVE SUITE 1 MIAMI, FL 33166	Name: Nayibe Gonzalez. Street Address (P.O. Box Number is Not Acceptable): 4995 NW 72 AV # 403 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]
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, 2005 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	P GARCIA, LEONARDO 11479 NW 50 TERRACE MIAMI, FL 33178	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GONZALEZ, NAYIBE 11479 NW 50 TERRACE MIAMI, FL 33178	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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] 04/26/05 305.593100?
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

per conversation didnt receive notice to correct.