FILED
Jan 20, 2004 8:00 am
Secretary of State
01-20-2004 90069 027 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03000119727

1. Entity Name

DO NOT WRITE IN THIS SPACE 24002474

2. Principal Place of Business	3. Mailing Address	
10147 Boca Entrada Blvd		DO NOT WRITE IN THIS SPACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State: Boca Raton, FL.	City & State	4. FEI Number: 753140011 ☐ Applied For ☐ Not Applicable
Zip: 33428 Country: U.S.A.	Zip / Country	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Washington N Sardella
Street Address (P.O. Box Number is Not Acceptable): 10147 Boca Entrada Blvd
City: Boca Raton FL Zip Code: 33428

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: X Washington N Sardella 01-10-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) 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	President	TITLE	
NAME	WASHINGTON N SARDELLA	NAME	
STREET ADDRESS	10147 BOCA ENTRADA BLVD #208	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33428	CITY-ST-ZIP	
TITLE	Secretary	TITLE	
NAME	GUSTAVO ANASTASI	NAME	
STREET ADDRESS	10147 BOCA ENTRADA BLVD #208	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33428	CITY-ST-ZIP	
TITLE	Secretary	TITLE	
NAME	ANDRES VALUSSI	NAME	
STREET ADDRESS	10147 BOCA ENTRADA BLVD #208	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33428	CITY-ST-ZIP	
TITLE		TITLE	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/02)

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: X Washington N. Sardella 01-10-04 561 3056298
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #