2005 UNIFORM BUSINESS REPORT (UBR)

Apr 27, 2005 8:00 am Secretary of State DOCUMENT# P04000044734 **PYAHU CORPORATION** 04-27-2005 90352 049 ***150.00 Principal Place of Business Mailing Address 11848 SW 98TH TERRACE **11848 SW 98TH TERRACE MIAMI FL 33156 MIAMI FL 33156** 20049346 2. Principal Place of Business 3. Mailing Address 777 NW 72 Avenue 777 NW 72 Avenue Suite, Apt #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #2BB56 #2BB56 City & State Applied For City & State 4 FEL Number 20-0848319 Miami Miami Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 33126 33126 Fee Required USA USA 6. Name and Address of Current Registered Agent 7. Name and Address of Now Registered Agent MARINALVA M GUIMARAES MARINALVA M GUIMARAES **11848 SW 98TH TERRACE** Street Address (P 0 Box Number is Not Acceptable) 777 NW 72 Avenue #2BB56 **MIAMI FL 33156** City **Miami** FL 33126 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 03/24/2005 ped or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 may Be Tax filing requirement and elects to do so. After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 Change Addition TITLE Delete TITLE MARINALVA M GUIMARAES MARINALVA M GUIMARAES 11848 SW 98TH TERRACE 777 NW 72 Avenue #2BB56 STREET ADDRESS **MIAMI FL 33156** Miami, FL 33126 CITY - ST - ZIP CITY - ST - ZIP ☐ Delete Change Additio TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Delete TITLE ☐ Change ☐ Additio TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Delete ☑ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP

13. 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 qualified by chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X SIGNATURE

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR C

03/24/05 (305)262-7025

FILED