

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

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90328 030 ***150.00

DOCUMENT # P05000051524 1. Entity Name Coriantum Corporation	
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DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business 1031 Ives Dairy Road Suite, Apt. #, etc. 228 City & State Miami Zip 33179 Country USA		3. Mailing Address 1031 Ives Dairy Road Suite, Apt. #, etc. 228 City & State Miami Zip 33179 Country USA		4. FEI Number 20-2742258	Applied For ☐ Not Applicable
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 Jose O. Medina	
	Street Address (P.O. Box Number is Not Acceptable) 1031 Ives Dairy Road Suite 228	
	City Miami	FL Zip Code 33179

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.

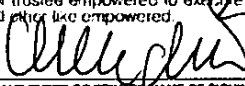
SIGNATURE  DATE **4/6/2006**

Signature typed or printed name of registered agent and fee is applicable (NOTE: Registered Agent's signature required when necessary)

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
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. Jose O Medina 1031 Ives Dairy Road Suite 228, Miami, FL 33179	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:  DATE **4/6/2006** DAYTIME PHONE # **305 914 0147**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)