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

DO NOT WRITE IN THIS SPACE

20027245

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1031 Ives Dairy Road	1031 Ives Dairy Road
Suite, Apt #, etc. 228	Suite, Apt #, etc. 228
City & State Miami	City & State Miami
Zip 33179 / Country USA	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: _____ 4/6/2006
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when resigning) 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 P, NAME Jose O Medina, STREET ADDRESS 1031 Ives Dairy Road Suite 228, CITY-ST-ZIP Miami, FL 33179		TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP		TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP		TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP		TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP		TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP		TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	

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: _____ 4/6/2006 305 914 0147
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/02)