Amended

2,009 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P06000040058

FILED

09 DEC 31 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

MISTER BELT, INC

Principal Place of Business	Mailing Address
2033 NW 22 Ct Miami, Fl 33142	Same

2. Principal Place of Business	3. Mailing Address
2033 NW 22 Ct, Miami, Fl	Same as # 2
Suite, Apt #, etc	Suite, Apt #, etc
City & State: Miami, Fl 33142	City & State: Same as # 2
Zip: 33142 / Country: Miami-Dade	Zip: 33142 / Country: U.S.A.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 51-0604423 ☐ 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
RAYMOND CANO 15442 SW 146 St. Miami, Fl 33196	Name: WEALVET RIVERA Street Address (P.O. Box Number is Not Acceptable): 15442 SW 146 St. City: Miami, Fl 33196 FL Zip Code

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 [signature] 12/01/09

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

FILE NOW!! FEE IS [illegible]

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 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P-S-T-D XXX☒ Delete RAYMOND CANO 15442 SW 146 St. Miami, Fl	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 600164083406 12/31/09--01032--002 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P-S-D XX☒ Change ☐ Addition WEALVET RIVERA 15442 SW 146 St Miami, Fl
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-D ☐ Change XX☒ Addition REYITO CANO 15442 SW 146 St Miami, Fl
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.

12/31

SIGNATURE: X SIGNATURE REQ [signature] 12/01/09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #