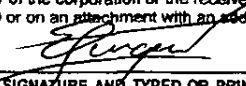


Aug 21, 2008 8:00 am
Secretary of State

08-21-2008 90001 019 ***550.00

2008

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P06000133962			
1. Entity Name Frigolandia, Inc.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business Km. 8.5 via a Samborondon Suite, Apt. #, etc. Urb. Vista al Parque City & State Guayaquil		3. Mailing Address 7300 N.W. 19th St. Suite, Apt. #, etc. Suite 101 City & State Miami, FL	
Zip Ecuador	Country Ecuador	Zip 33126-1222	Country USA
		4. FEI Number 20-5807401	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 del Valle, Manuel R.	
		Street Address (P.O. Box Number is Not Acceptable) 7300 N.W. 19th St.	
		Suite 101	
		City Miami	FL Zip Code 33126-1222
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 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 \$660.00 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 NAME STREET ADDRESS CITY - ST - ZIP	D/P/S/T Lingen, Ernesto G. Km. 8.5 via a Samborondon, Urb. Vista Pq. Guayaquil, Ecuador	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)(f), 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: 		Ernesto G. Lingen 08/07/08 011-593-4-211-1463	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034B (12/02)