

2009

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

09 JUN -3 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA200156723202
06/03/09--01018--008 **150.00

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| DOCUMENT # P06000133962 |
| 1. Entity Name Frigolandia, Inc. |

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|---|--|--------------------|----------------|
| 2. Principal Place of Business Km. 9.5 via Daule Suite, Apt. #, etc. Calle Palmeras y Casuarimas City & State Guayaquil Zip | 3. Mailing Address 7300 N.W. 19th St. Suite, Apt. #, etc. Suite 101 City & State Miami, FL Zip 33126-1222 | Country Ecuador | Country USA |
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| 4. FEI Number 20-5807401 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 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 |

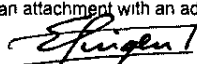
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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| SIGNATURE | Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | DATE |
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| 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. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | | |
|--|--|--|----------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D/P/S/T Lingen, Ernesto G. Km 9.5 via Daule C. Palmeras y Casuarimas Guayaquil, Ecuador | 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)(l), 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.

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|--|-------------------|----------|--------------------|
| SIGNATURE:  | Ernesto G. Lingen | 04/15/09 | 011-593-4-211-0962 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | Daytime Phone # |