

2008

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

**FILED  
May 29, 2008 8:00 am  
Secretary of State**

05-29-2008 90193 012 \*\*\*150.00

<b>DOCUMENT #</b> P07000019449	
<b>1. Entity Name</b> North-PI Design Corp.	

DO NOT WRITE IN THIS SPACE

40106039

<b>2. Principal Place of Business</b> J.F. Kennedy Esq. Suite, Apt. #, etc. Ortega & Gasset, #210 City & State Santo Domingo Zip	<b>3. Mailing Address</b> 7300 N.W. 19th St. Suite, Apt. #, etc. Suite 101 City & State Miami, FL Zip 33126-1222	<b>Country</b> Rep. Dom. USA
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<b>DO NOT WRITE IN THIS SPACE</b>	<b>4. FEI Number</b> 20-8675927	<b>Applied For</b> <input type="checkbox"/> Not Applicable
	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
	<b>7. Name and Address of Current Registered Agent</b>	
	Name del Valle, Manuel R.	
	Street Address (P.O. Box Number is Not Acceptable) 7300 N.W. 19th St.	
	Suite 101	
	City Miami	Zip Code FL 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 \$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 NAME STREET ADDRESS CITY - ST - ZIP	D/P/T Ravelo, Rafael E. J.F. Kennedy Esq. Ortega & Gasset #210 Sto. Dom., Rep. Dom.	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E034B (12/02)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Rafael E. Ravelo

4/25/08

809-566-5177