FILED

CR2E034 (10/02)

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Apr 16, 2003 8:00 am Secretary of State P93000002595 DOCUMENT # 04-16-2003 90265 036 ***158.75 1. Entity Name TRANS-SIBERIAN CORP. Principal Place of Business Mailing Address 12041 SW 31ST TERRACE 12041 SW 31ST TERRACE **MIAMI FL 33175** MIAMI FL 33175 -2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-0390445 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GARCIA, JORQE R Street Address (P.O. Box Number is Not Acceptable) 2250 SW 19TH TERRACE **MIAMI FL 33145** City 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 agents **SIGNATURE** Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) * FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition Delete TITLE TITLE CALDERON, ORLANDO V NAME NAME 2754 S.W. 3RD STREET STREET ADDRESS STREET ADDRESS CITY-ST-71P MIAMI FL 33135 CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE ☐ Addition ALMENDA, LEONIDA S NAME NAME 9340 W FLAGLER ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP Delete__ [Change ☐ Addition TITLE TITLE NAME GARCIA, JORGE R NAME STREET ADDRESS 2250 S W 19TH TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL

☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 Block 11 if

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

CITY-ST-7IP

STREET ADDRESS

CITY - ST - ZIP

SIGNATURE:

TITLE

NAME

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

☐ Delete

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Change

☐ Change

☐ Addition

☐ Addition