AMENDED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000084137

1. Entity Name

Bowrain Corp.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 DEC 30 PM 2:12

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6033 West Century Blvd	6033 West Century Blvd
Suite, Apt. #, etc.: #210	Suite, Apt. #, etc.: #210
City & State: Los Angeles, CA	City & State: Los Angeles, CA
Zip: 90045 Country: USA	Zip: 90045 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0458940 ☐ 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: National Corporate Research, Ltd.

Street Address (P.O. Box Number is Not Acceptable)

103 N. Meridian Street

City: Tallahassee FL Zip Code: 32301

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.

SIGNATURE: Cynthia A. Hicks Assistant Secretary 12.20.02

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Fernando Perramont, 6033 West Century Blvd #210, Los Angeles, CA 90045
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D Juan Carlos Gonzales, 6033 West Century Blvd #210, Los Angeles, CA 90045
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D Ivan Dumenes, 6033 West Century Blvd #210, Los Angeles, CA 90045
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Raul Squadritto, 6033 West Century Blvd #210, Los Angeles, CA 90045
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300010138433 01/15/03--01086--009 **61.25
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	

CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Nov. 12, 2002 (310) 309 5222

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