FILED
Jun 26, 2003 8:00 am
Secretary of State
06-26-2003 90039 005 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000092423

1. Entity Name
VIDEO SERVICE ELECTRONIC'S CO.

Principal Place of Business
245 SE 1ST STREET, SUITE 207
MIAMI, FL 33131 US

Mailing Address
245 SE 1ST STREET, SUITE 207
MIAMI, FL 33131 US

2. Principal Place of Business		3. Mailing Address	
245 SE 1 Street		245 SE 1 Street	
Suite, Apt. #, etc. Suite 240		Suite, Apt. #, etc. Suite 240	
City & State Miami FL		City & State Miami FL.	
Zip 33131	Country USA	Zip 33131	Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0550075 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CABRAL, IZABEL C
245 SE 1ST STREET, SUITE 207
MIAMI, FL 33131

7. Name and Address of New Registered Agent
Name: Izabel Couto
Street Address (P.O. Box Number Is Not Acceptable): 245 SE 1 Street Suite 240
City: Miami FL Zip Code 33131

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

FILE NOW!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSD	☐ Delete	TITLE	PSD	☒ Change ☐ Addition
NAME	CABRAL, IZABEL C		NAME	Izabel Couto	
STREET ADDRESS	245 SE 1ST STREET, SUITE 207		STREET ADDRESS	245 SE 1 Street Suite 240	
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP	Miami FL. 33131	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Izabel Couto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #