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

DOCUMENT

P95000037872

1. Entity Name

TODALISA INC.



Principal Place of Business Mailing Address 6971 SOUTHERN BLVD. 6971 SOUTHERN BLVD. W PALM BEACH FL 33413 W PALM BEACH FL 33413 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 65-0579159 Not Applicable Zip Country Zip 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 LOPEZ, MANUEL Street Address (P.O. Box Number is Not Acceptable) **181 THORNTON DR** SUITE 211 PALM BEACH GARDENS FL 33418 City Zip Code શ 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. 🛘 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) 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. TITLE ☐ Delete TITLE Change ☐ Addition LOPEZ, MANUEL NAME NAME % 6971 SOUTHERN BLVD. STREET ADDRESS STREET ADDRESS W PALM BEACH FL 33413 CITY-ST-ZIP CITY-ST-ZIP D ☐ Delete TITLE Change ☐ Addition NAME LOPEZ. DIANE NAME STREET ADDRESS STREET ADDRESS % 6971 SOUTHERN BLVD. CITY-ST-ZIP W PALM BEACH FL 33413 CITY-ST-ZIP ☐ Change M Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE 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 equired 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 englowered.

لاسا کا له FR OR DIRECTOR

FILED

03-31-2003 90161 025 ***150.00

Mar 31, 2003 8:00 am Secretary of State