FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000063194 03 MAR 25 AM ID: 30 03 MAR 25 AM ID: 38 SECKE AM ID: 38 SECKE FAM ID: 30 S 1. Entity Name Bladeli Inc. DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 8004 Northwest 154 Street - SAME -Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 115 Applied For City & State City & State 4. FEI Number 65-0603222 Miami Lakes, FI Not Applicable Country Zin Country \$8,75 Additional 5. Certificate of Status Desired 33016 USA Fee Required 7. Name and Address of Current Registered Agent Name Balcazar, Blanca A. DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 8004 Northwest 154 Street #115 City Miami Lakes Zip Code 33016 8. The above named entity submits the 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 ag Balcazar, Blanca A. 03/24/2003 SIGNATURE. (NOTE: Registered Agent signature required when rainstating) egistered agent and title if applicable. DATE January 1 - May 1 Fee is \$150.00 9. Election Campaign Financing After May 1, Fee is \$550.00 \$5.00 May Be Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS CR2E034B (12/02) TITLE TITLE **PSTD** 700015292657 04/03/03--01053--010 ***150.00 NAME NAME Ortega, Maria STREET ADDRESS STREET ADDRESS 8004 NW 154 St. #115 Miami Lakes, FI 33016 CITY-ST-ZIP CITY-ST-7IP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If 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. ر Ortega, Maria Maria Chilega Ortega, SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAG OFFICER OR DIRECTOR 03/24/2003 Date Daytime Phone #

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