

2004 **FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90041 044 \*\*\*150.00

DOCUMENT # P96000024241

1. Entity Name

ASPURU HOLDINGS, INC



**DO NOT WRITE IN THIS SPACE**

**24438793**

2. Principal Place of Business

1617 N FLAGLER DR

Suite, Apt. #, etc.

APT 10A

City & State

W PALM BEACH FL

Zip

33407-6506

Country

3. Mailing Address

1617 N FLAGLER DR

Suite, Apt. #, etc.

APT 10A

City & State

WEST PALM BCH, FL

Zip

33407-6506

Country

4. FEI Number

65-0672600

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

GUTIERREZ, NICOLAS ESQ

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

701 BRICKELL AVE

STE. 2150

City

MIAMI, FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ASPURU Y ALONSO, LOURDES  
1617 N FLAGLER DR APT 10A  
W PALM BCH, FL 33407-6506

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ASPURU Y ALONSO, JULIA  
1617 N FLAGLER DR APT 10A  
W PALM BCH, FL 33407-6506

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-06-04

Date

Daytime Phone #

CR2E034B (12/02)