FILED
Jun 23, 2003 8:00 am
Secretary of State
06-23-2003 90057 021 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000060410

1. Entity Name
JR ROJANDA, INC.

Principal Place of Business	Mailing Address
2486 N FEDERAL HWY LIGHT HOUSE POINT, FL 33064	~~2486 N FEDERAL HWY~~ ~~LIGHT HOUSE POINT, FL 33064~~

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		JR RojandA Inc. Suite, Apt. #, etc. 11862 NW 13 ST	
City & State		City & State Pembroke Pines, FL	
Zip	Country	Zip 33026	Country USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0681507 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROSADO, SONIA N 2486 N. FEDERAL HIGHWAY LIGHT HOUSE POINT, FL 33064	Name SONIA ROSADO GALLO Street Address (P.O. Box Number is Not Acceptable) 11862 NW 13 ST City PEMBROKE Pines FL Zip Code 33026

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: Sonia Rosado Gallo — 4/17/03
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PTSD ROSADO, SONIA N 11862 NW 13 ST PEMBROKE PINES, FL 33026	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTSD Rosado-Gallo, Sonia N 11862 NW 13 ST Pembroke Pines FL 33026	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GALLO, ROGELIO 11862 NW 13TH STREET PEMBROKE PINES, FL 33026	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: Sonia Rosado Gallo — 4/17/03 — 954 260 1378
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #