2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000090027

1. Entity Name
ZULED OFFICE SYSTEMS, INC.

Principal Place of Business	Mailing Address
29343 S.W 152 AVE	331 WEST PALM DRIVE
LEISURE CITY FL 33033	FLORIDA CITY FL 33034
US	

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address 329 West Palm Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Florida City Fl 33034
Zip	Country	Zip 33034	Country Dade

4. FEI Number 65-0713027 — 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
RIVERO, EDWIN 331 WEST PALM DRIVE FLORIDA CITY FL 33034	Name Street Address (P.O. Box Number is Not Acceptable) City — FL — Zip Code

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 _____ DATE _____
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
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 PD NAME RIVERO, EDWIN STREET ADDRESS 331 WEST PALM DRIVE CITY-ST-ZIP FLORIDA CITY FL 33034	☐ Delete	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE STD NAME RODRIGUEZ, ZULMA STREET ADDRESS 331 WEST PALM DRIVE CITY-ST-ZIP FLORIDA CITY FL 33034	☐ Delete	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition TITLE NAME STREET ADDRESS 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: _SIGNATURE REQUIRED_ 03/11/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #