FILED 2003 FOR PROFIT CORPORATION Apr 23, 2003 8:00 am Secretary of State

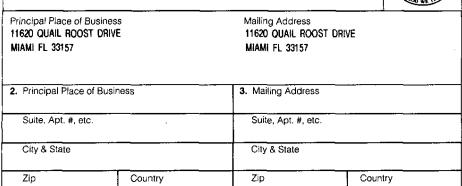
UNIFORM BUSINESS REPORT (UBR)

1. Q



04-23-2003 90201 003 ***150.00

DOCUMENT # Entity Name P.R. CAFE, INC.	P97000010302	
	. 	



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☐ CHECK HERE IF MAKING CHANGES

4. FEI Number Applied For 65-0725625 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent SOSA, JUAN A 11620 QUAIL ROOST DRIVE

Address (P.O. Box Number is Not Acceptable)	
	<u> </u>

7. Name and Address of New Registered Agent

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.

-Name

Street

City

SIGNATURE

MIAMI FL 33157

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PSTD TITLE Addition TITLE ☐ Delete SOSA, JUAN A NAME NAME 1978 NW 22ND COURT STE 3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33125** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE Addition TITLE NAME ----STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME

exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ignature shall have the same legal effect as if made under oath; that I am an officer or director guided by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied with this filing does not qualify for the applemen Ital report is true and accurate and that of the corporation or the receiver or rustee empowered to execute this repo changed, or on an attachment

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Date Daytime Phone #