2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

May 16, 2003 8:00 am **Secretary of State** DOCUMENT # 05-16-2003 90184 025 ***150.00 Principal Place of Business Mailing Address 90135726 2. Principal Place of Business 3. Mailing Address 350) SW Suite, Apt. #. etc. Suite, Apt. #. etc. CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Númber Not Applicable Country Ziρ \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Zip Code City 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 10b if applicable (NOTE: Registored Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00. 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MILE Delete TITLE ☐ Change Addition HALF MALAF STREET AIMIREC STREET ADDRESS CITY-ST-ZIP CTTY-ST-ZIP TITLE Delete MLE [] Change Addition | HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-70 CITY-ST-ZIP TITLE Delete TITT F Change Addition HALLE NAME STREET ADDRESS STREET ADDRESS COTY-ST-72P CITY-ST-ZIP mir ☐ Delete IME ☐ Change Addition RAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TOF ☐ Delete रारा ह ☐ Change Addition HALLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Octete nne ☐ Change Addition HALSE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 feport 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 Proceeding 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 attackment with an address, with all other like empowered.

FILED

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HHachment 90135726 # P97000021382

May 12, 2003

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

To Whom It May Concern:

This letter is to inform the Division of Corporations that we did not receive our 2003 Uniform Business Report thru the mail and had to mail it in. We tried to go on the web @ sunbiz.com to print a blank UBR and all we got was a blank page, please do not penalize us for our reports.

Sincerely,

Jose Gallardo

President