FILED
Jun 11, 2003 8:00 am
Secretary of State

05-05-2003 90178 021 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

55047518

DOCUMENT # P97000029309

1. Entity Name

GROUPAZ CORPORATION

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
5581 SW 8TH ST	1149 SW 27TH AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc. 305
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33134 Country: US	Zip: 33135 Country: US

4. FEI Number: 65-0755824 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ANDRES C. LOPEZ

Street Address (P.O. Box Number is Not Acceptable): 1149 SW 27TH AVE # 305

City: MIAMI FL Zip Code: 33135

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 mailed)

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	PT
NAME	GUZMAN, ROBERTO L
STREET ADDRESS	1149 27TH AVE # 305
CITY-ST-ZIP	MIAMI FL 33135
TITLE	VP
NAME	BARBARA MARIA C
STREET ADDRESS	1149 SW 27TH AVE # 305
CITY-ST-ZIP	MIAMI FL 33135
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CR2E034B (12/02)

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

SIGNATURE: _____ 6-5-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ROBERTO L. GUZMAN