FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90520 001 *1,050.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000052940

55033882

1. Entity Name
GROUP II DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
10101 NW 58 STREET #16 MIAMI, FL 33178 US	10101 NW 58 STREET #16 MIAMI, FL 33178 US

2. Principal Place of Business	3. Mailing Address
10181 NW 58 St.	10181 NW 58 St.
Suite, Apt. #, etc.: Unit 16	Suite, Apt. #, etc.: Unit 16
City & State: Miami, FL.	City & State: MIami, FL
Zip: 33178 Country: USA	Zip: 33178 Country: USA

[X] CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0762284 ☐ 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
VALDERRAMA, CARLOS A 10101 NW 58 STREET #16 MIAMI, FL 33178	Name: Carlos A. Valderrama Street Address (P.O. Box Number is Not Acceptable): 10181 NW 58 St. Unit 16 City: Miami, FL FL Zip Code: 33178

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] 4/28/2003
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	PD VALDERRAMA, CARLOS A 10101 NW 58 ST. #16 MIAMI, FL 33178 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD Carlos A. Valderrama 10181 NW 58 St. unit 16 Miami, FL. 33178 [X] 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: [signature] 4/28/2003 3055540567
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #