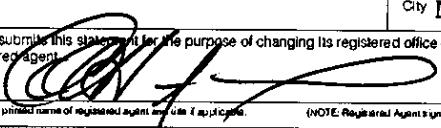
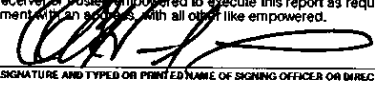


FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90520 001 *1,050.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000052940			
1. Entity Name GROUP II DEVELOPMENT CORPORATION			
Principal Place of Business 10101 NW 58 STREET #16 MIAMI, FL 33178 US		Mailing Address 10101 NW 58 STREET #16 MIAMI, FL 33178 US	
2. Principal Place of Business 10181 NW 58 St. Suite, Apt. #, etc. Unit 16 City & State Miami, FL Zip 33178 Country USA		3. Mailing Address 10181 NW 58 St. Suite, Apt. #, etc. Unit 16 City & State Miami, FL Zip 33178 Country USA	
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 VALDERRAMA, CARLOS A 10101 NW 58 STREET #16 MIAMI, FL 33178		7. Name and Address of New Registered Agent Name Carlos A. Valderrama Street Address (P.O. Box Numbers 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  DATE 4/28/2003 (NOTE: Registered Agent's signature required when amending.)			
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 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 affidavit with all other like empowered.			
SIGNATURE: 		DATE 4/28/2003 DAYTIME PHONE # 305 554 0507	

55033882



☒ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)