FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DO NOT WRITE IN THIS SPACE 2. Principal Place of Brainess 7951 SW 40 ST #206 Suite Apt. #, etc. City & State NIAMI, FI Applied For NIAMI Applied For
DO NOT WRITE IN THIS SPACE 2. Principal Place of Bisiness 7951 SW 40 ST #206 3. Mailing Address 7951 SW 40 ST #206 5. Suite Apt. 6, etc. City & State. NIAMI, F1 Applied For NIAMI, F1 Applied For Not Applicable 2. Poincipal Place of Bisiness Country 33155 T. Name and Address of Current Registered Agent Name an
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NIAMI, FI MIAMI, FI G50816717 Not Applicable ZIP 33155 Country OSA 5. Certificate of Status Desired S8.75 Additional Fee Required POONOT WRITE SPACE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Squalure, typod system-frame of registered agent and size 1 appxable. (NOIL: Registered Agent segmente required when re-estating) January 1: May 1 Fee is \$550.00 After May 1, Fee is \$550.00 After May 1, Fee is \$550.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TILE DIPTIVIS RAUL CAORERA TILE
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Name OSVALDO J. DÍAZ Street Address (P.O. Box Number is Not Acceptable) TOST SW 40 ST City MIAMI SIGNATURE Signature, typod oversed name of registered agent and tice in appicable. NOTE: Registered Agent signature required when reassuring. NOTE: Registered agent, or both, in the State of Florida. O3 20 02 Signature, typod oversed name of registered agent and tice in appicable. NOTE: Registered Agent signature required when reassuring. NOTE: Registered Agent signature required when reassuring. Signature agent and tice in appicable. NAME OFFICERS AND DIRECTORS NAME
City MIAMI EL Zip Cod 155 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. SIGNATURE Signature, typed by recognismo of registered agent and tale of applicable. (NOTE: Registered Agent signature required when revisiteling) 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) Marke Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE DIFTIVE PAUL CABRERA NAME 12. Zip Cod 3155 03 20 02 (NOTE: Registered Agent signature required when revisiteling) 10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees 11. OFFICERS AND DIRECTORS TITLE DIFTIVE PAUL CABRERA NAME 12. TO SITUATION TO SITUATI
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13. I hereby certify that the information supplied with this filling 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 rate 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 further exemption or the receiver or further exemption or the receiver or further exemptions as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other keepings and the components.

DIAMOND SPARKLING FLOORS, CORP. DOC.# P98000016814

TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED FIRST NOR SECOND NOTICE OF SUCH REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

RAUL CABRERA PRESIDENT