

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90187 048 ***150.00

DOCUMENT # P98000041385 1. Entity Name SATUPLE, INC.					
Principal Place of Business 200 NE 2ND DRIVE HOMESTEAD, FL 33030			Mailing Address 1441 BRICKELL AVE SUITE 1014 MIAMI, FL 33131		
2. Principal Place of Business 1441 BRICKELL AVE		3. Mailing Address 1441 BRICKELL AVE			
Suite, Apt. #, etc. 1400		Suite, Apt. #, etc. 1400			
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 65-0838619	
Zip 33131		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBERT ALLEN LAW 1441 BRICKELL AVE SUITE 104 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name ROBERT ALLEN LAW Street Address (P.O. Box Number is Not Acceptable) 1441 BRICKELL AVE City SUITE 1400 FL Zip Code 		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	D SALCEDO, FRANCISCO 1441 BRICKELL AVE SUITE 1014 MIAMI, FL 33131	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALCEDO, FRANCISCO 1441 BRICKELL AVENUE STE 1400 MIAMI, FL 33131	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPAS MARTINEZ, JORGE 1441 BRICKELL AVE SUITE 1014 MIAMI, FL 33131	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPAS Martinez, Jorge 1441 BRICKELL AVENUE STE 1400 MIAMI, FL 33131	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARTINEZ, MARCELA 1441 BRICKELL AVE SUITE 1014 MIAMI, FL 33131	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Martinez, Marcela 1441 BRICKELL AVENUE STE 1400 MIAMI, FL 33131	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANGULO, JORGE 1441 BRICKELL AVE SUITE 1014 MIAMI, FL 33131	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Angulo, Jorge 1441 BRICKELL AVENUE STE 1400 MIAMI, FL 33131	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VARGAS, EDUARDO 1441 BRICKELL AVE SUITE 1014 MIAMI, FL 33131	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Vargas, Eduardo 1441 BRICKELL AVENUE STE 1400 MIAMI, FL 33131	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VARGAS, EDUARDO 1441 BRICKELL AVE SUITE 1014 MIAMI, FL 33131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SS Bonavita, Umberto C. 1441 BRICKELL AVENUE, SUITE 1400 MIAMI, FL 33131	☐ 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 address, with all other like empowered.					
SIGNATURE: _____		_____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
_____		_____ Date			
_____		_____ Daytime Phone #			