

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P98000086680**1. Corporation Name

EARTH SAVING CORPORATION

Principal Place of Business
1 The part lace of Loonida

Mailing Address

FILED

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MESTASSEE. PENE



SU	5 SE 1ST STREET ITE 406 AMI FL 33131	S SE 1ST STREET ITE 406 AMI FL 33131			DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 10/09/1998					
2.	Principal Place of Business	2a. Ma	alling Address			4. FEI Number		Applied For		
21		26				65-0895936		Not Applicable		
22	Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired \$8.75 Addition Fee Required				
23	City & State	ly & State City & State				8. Election Campaign Financing Trust Fund Contribution State Added to Fee				
24	Zip Country 25				,	 This corporation owes the current year it Personal Property Tax. 	ntangibi Y 🔲			
	9. Name and Address of	Current Registere	10. Name and Address of New Registered Agent							
DE OLIVEIRA, MURILO A 245 SE 1ST STREET			81	Name						
			82	Street Address (P.O. Box Number is Not Acceptable)						
			1	is a circus radiose ti so, sex resident la ries recopiació						
	SUITE 406 Miami FL 33131			83						
				84	City	FI	85	Zip Code		

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered egent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: R	egistered Agent signature	required when reinstating)		DATE					
12.	OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR								
TIFLE	0	ELETE	1,1 TITLE				Change	Addition			
NAME	KONDO, EDSON K		1.2 NAME								
STREET ADDRESS	245 SE 1ST STREET		1.3 STREET ADDRESS	80	0000)දුනුපල	868-	4			
CITY-ST-ZIP	MIAMI FL 33131		1.4 CITY-ST-ZIP	<u> </u>	-03	/24/930	10880	D8			
TITLE	D 🗆	ELETE	2.1 TITLE		非神	**550.00	FARRES (
NAME	de Oliveira, murilo a		22 NAME								
STREET ADDRESS	245 SE 1ST STREET		23 STREET ADDRESS								
CITY-ST-ZIP	MIAMI FL 33131		2 4 CITY-ST-ZIP								
TOFLE		ELETE	3.1 TITLE	P			☐ Change	Addition			
NAME	·		32 NAME	DE BOULA 245 SE	MART	MS, EDO	MADO				
STREET ADDRESS			33 STREET ADDRESS				ore was	•			
CITY-S1-ZIP			3.4. CITY-ST-ZIP	MIAMI	FL	<u> </u>					
TITLE		ELETE	4.1 TITLE	T/6			☐ Change	Addition			
NAME			4.2 NAME	245 SE		YARISA	. 714 س				
STREET ADDRESS			43 STREET ADDRESS	245 3E	147	SIREE	DIE W	O#			
CITY-ST-ZIP			4.4 CITY-ST-ZIP	MIAMI	FL.	35/31					
THILE		ELETE	5.1 TITLE				Change	Addition			
NAME			5.2 NAME								
STREET ADDITIONS			5.3 STREET ADDRESS								
CITY-ST-ZIP			5.4 CITY-ST-ZIP								
TITLE		ELETE	6.1 TIME				Change	Addition			
NAME			6.2 NAME								
STREET ADORESS			63 STREET ADDRESS					KE			

64 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: