FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90073 041 ***150.00

10091511

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000104795

1. Entity Name
J.D.L.L. ENTERPRISE CORP.

Principal Place of Business	Mailing Address
6810 INDIAN CREEK DR. #124 MIAMI BEACH, FL 33141	6810 INDIAN CREEK DR. #124 MIAMI BEACH, FL 33141

2. Principal Place of Business	3. Mailing Address
5600 Collins Ave	5600 Collins Ave
Suite, Apt. #, etc. # 3K	Suite, Apt. #, etc. # 3K
City & State Miami Beach	City & State Miami Beach
Zip 33140 Country FL	Zip 33140 Country FL

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0882247 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LINARES, JORGE D
6810 INDIAN CREEK DR.
#124
MIAMI BEACH, FL 33141

7. Name and Address of New Registered Agent
Name Linares Jorge D.
Street Address (P.O. Box Number is Not Acceptable) 5600 Collins Ave
#3K
City Miami Beach FL Zip Code 33140

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, 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	D LINARES, JORGE D 6810 INDIAN CREEK DR. MIAMI BEACH, FL 33141	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Linares Jorge 5600 Collins Ave 3K M. Beach - FL - 33140	☐ 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: ____________________ 04-26-03 305-898-8647
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #