## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 02, 2003 8:00 am Secretary of State

Suite, Apt. 4, oic.    Suite, Apt. 4, etc.   Suite, Apt. 4, etc.   DO NOT WRITE IN THIS SPACE	DOCU 1. Entity Nam		P990	000032	54			2	05-02-200	•			
2. Principal Place of Business 2 103 Sycamore Lane East 2 103 Sycamore Lane East 3 103 Sycamore Lane East 2 103 Sycamore	RAMO	N MAT	ESA I	NCORPORAT	ioN								
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Country   33 5 6 6   Country	2103 54	nore	Lane 1	East		DO NOT V	VRITE IN THIS	SPACE					
Country   33 5 6 6   Country	Plant City & State  Plant City & State  The state of the							4. FEI Number 65-0897452 Applied For					
DO NOT WRITE IN THIS SPACE    Sured Address (P.O. Box Number is Not Acceptable)	Zip	6 Ca	intry				4	5. Certificate	of Status Desire	d 💢	Fee Rec	Additional	
IN THIS SPACE    2103 Sycamore   Lane   East	I ()k							TIZ-GARCIA RICARDO					
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  Spreams (prof or private remo of registered agent and the F age &cible.  P. This corporation is eligible to satisfy its intangible  Jax after May 1. Fee is \$150.00  Amended UBR is \$61.25  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  TITLE  OMATICA GARCIA RICARDO STRETADORSS  OTY-ST-ZP  TITLE  NAME STRETAD													
SIGNATURE  9. This corporation is eligible to satisfy its Intangible (See criteria on back)  11. OFFICERS AND DIRECTORS  11. OFFICERS AND DIRE	<del></del>							<del></del>					
9. This corporation is eligible to satisfy als Intangible 7 Sax filling requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 111. OFFICERS A	8. The above	named entity subm	iits this statemen	t for the purpose of changing	its register	red office or	registere	d agent, or bo	th, in the State o	f Florida.			
After May 1, Fee is \$55.00  Amended UBR is \$61.25  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  11. IT IN IT	SIGNATURE .	Signature, typod or printer	i name of registered ag	gent and tible if applicable. (N	OTE: Register	erl Agent signate	ne required w	hen minstating)		DATE		<del>,</del>	
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13. 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 type 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 11 or on an attachment with an address, with all other like despoyers.  SIGNATURE:  **T2903**  *	13. I hereby of indicated of the corrattachmen		nation supplied w pplemental repor eiver or trustee e with all other like		for the exe t my signa out as req	emption state ture shall ha juired by Ch			/	1	rtify that the arm an off rs in Bloc	he information icer or director k 11 or on an 3)	