2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUN -3 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000004588

1. Entity Name
TECHNOSUB INTERNATIONAL CORPORATION

DO NOT WRITE IN THIS SPACE

800020429528
06/03/03--01086--020 **550.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5082 S.W. 164 Avenue	5082 S.W. 164 Avenue
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: Miramar, FL	City & State: Miramar, FL
Zip: 33027 Country: USA	Zip: 33027 Country: USA

4. FEI Number: 65-1068183 — Applied For / Not Applicable

5. Certificate of Status Desired [X] — $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Magda L. Alireza
Street Address (P.O. Box Number is Not Acceptable): 5082 S.W. 164 Avenue
City: Miramar FL Zip Code: 33027

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 X [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President, Director	TITLE	
NAME	LEONARDO LLANEZA	NAME	
STREET ADDRESS	5082 S.W. 164 Avenue	STREET ADDRESS	
CITY-ST-ZIP	Miramar, FL 33027	CITY-ST-ZIP	
TITLE	Vice-President, Sec. Treasurer	TITLE	
NAME	Magda L. Alireza	NAME	
STREET ADDRESS	5082 S.W. 164 Avenue	STREET ADDRESS	
CITY-ST-ZIP	Miramar, FL 33027	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] Magda L. Alireza (954) 432-5664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #