2003 FOR PROFIT CORPORATION

May 12, 2003 8:00 am & Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P99000022276 DOCUMENT # 05-12-2003 90211 044 ***150.00 1. Entity Name V & G INTERNATIONAL, INC Principal Place of Business Mailing Address 932 S.W. 16 ST. 4812 PINE TREE DR FORT LAUDERDALE FL 33315 MIAMI BEACH FL 33140 2. Principal Place of Business
3475 SHEDIDAN 3. Mailing Address 3475 SHERIDAN Suite, Apt. #, etc. Suite, Apt. #, etc. 215-A ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-0901379 FL 3302 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GIRALDO CHRISTIAN GIRALDO, CHRISTIAN Street Address (P.O. Box Number is Not Acceptable) 4812 PINE TREE DRIVE #30 MIAMI BEACH FL 33140 3475 SHERIDAN ST. SUITE HOLLYWOOD ging its registered office or registered agent, or both, in the State of Florida. I an 8. The above named en of char bmits this he purpose the obligations of red agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change . Addition DAVID, PAOLA ANDREA DAVID, PAOLA ANDREA NAME NAME 3475 SHERIDAN ST. SUITE LIS-A 4812 PINE TREE DR. STE. #30 STREET ADDRESS STREET ADDRESS MIAMI FL 33140 CITY-ST-ZIP CITY-ST-ZIP HOLLY WOOD, FL 33021 TITLE ٧S ☐ Delete TITLE Change ☐ Addition IRALDO, CHRISTIAN NAME GIRALDO, CHRISTIAN NAME 3475 SHERIDAN ST 4812 PINE TREE DR #30 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33140 HOLLYWOOD, FL 33024 CITY-ST-ZIP CITY-ST-ZIP TIT! F ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 sup of the corporation or the receiv lemental 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 er or trustee emptwered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachmer

SIGNATURE: