2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State
02-10-2003 90184 048 ***150.00

DOCUMENT # P99000038120

1. Entity Name
PRIMARY LIVING COLORS, INC.

Principal Place of Business	Mailing Address
9440 FONTAINEBLEAU BLVD.. #205 MIAMI FL 33172	9440 FONTAINEBLEAU BLVD.. #205 MIAMI FL 33172

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
10839 N.W 7 Street		10839 NW 7 Street	
Suite, Apt. #, etc.: Apt # 22		Suite, Apt. #, etc.: Apt # 22.	
City & State: Miami Fl.		City & State: Miami Fl	
Zip: 33172.	Country: Dade	Zip: 33172	Country: Dade.

4. FEI Number 65-0913871 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HERNANDEZ, ENEAS R 9440 FONTAINBLEAU BLVD. #205 MIAMI FL 33172	Name: Street Address (P.O. Box Number is Not Acceptable): 10839 N.W 7 Street apt#22 - City: Miami FL Zip Code: 33172.

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 X [signature] X [signature] 02/06/03.
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	VD JARAMILLO, MARIA DEL P 9440 FONTAINBLEAU BLVD. #205 MIAMI FL 33172	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 10839 NW 7 Street apt #22 Miami Fl 33172.	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD. HERNANDEZ, ENEAS R 10839 NW 7 Street apt #22 Miami Fl 33172	☐ 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: X SIGNATURE REQUIRED [signature] 02/06/03 (305) 776-9057.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #