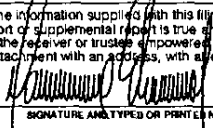


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91366 032 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

00000000

DOCUMENT # P99000091127					
1. Entity Name MAIL PLUS INC.					
Principal Place of Business 10837 SW 186TH STREET 2H MIAMI, FL 33157			Mailing Address 10837 SW 186TH STREET 2H MIAMI, FL 33157		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 65-0955887				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ESCOBAR, MAURICIO 10387 SW 186 ST., BLDG. 2H MIAMI, FL 33157			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
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 _____ (NOTE: Registered Agent's signature required when registering) DATE _____					
FILE NOW!!! FEE IS \$160.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable To Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE ☐ Delete			TITLE ☐ Change ☐ Addition		
NAME PD ESCOBAR, MAURICIO			NAME		
STREET ADDRESS 10387 SW 186 STREET BLDG 2-H			STREET ADDRESS		
CITY-ST-ZIP MIAMI, FL 33157			CITY-ST-ZIP		
TITLE ☐ Delete			TITLE ☐ Change ☐ Addition		
NAME VPD TRUJILLO, ANA M			NAME		
STREET ADDRESS 10837 SW 186 ST, #2-H			STREET ADDRESS		
CITY-ST-ZIP MIAMI, FL 33157			CITY-ST-ZIP		
TITLE ☐ 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		
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 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 another like empowered.					
SIGNATURE:  4/25/03					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					