

2005

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

**FILED
Mar 03, 2005 8:00 am
Secretary of State**

03-03-2005 90171 018 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000093200			
1. Entity Name Productos Exquisitos, Inc.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 1105 Fort Clarke Blvd. Suite, Apt. #, etc. Suite 810 City & State Gainesville, FL Zip 32606-7131 Country USA		3. Mailing Address 1105 Fort Clarke Blvd. Suite, Apt. #, etc. Suite 810 City & State Gainesville, FL Zip 32606-7131 Country USA	
		4. FEI Number 59-3607678	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent	
		Name Serna, Mauricio G. Street Address (P.O. Box Number is Not Acceptable) 1105 Fort Clarke Blvd. Apt. 810 City Gainesville FL Zip Code 32606	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P/S/T Mejia, Gloria 1105 Fort Clarke Blvd., Apt. 810 Gainesville, FL 32606	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Gloria Mejia</i> Gloria Mejia		352-331-3643	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #