-2005

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

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)				Mar 03, 2005 8:00 am Secretary of State	
DOCUM 1. Entity Name	MENT # P99000093	3200	!	03-03-2005 90171	018 ***150.00
Produc	tos Exquisitos,	Inc.	<u>.</u>		
	DO NOT WRITE	E IN THIS SPAC	E	4002506	5
-	Place of Business	3. Mailing Address			
1105 Fo	<u>ort Clarke Blvd.</u>	. 1105 Fort Suite, Apt. #, etc.	<u>Clarke Blvd</u>	-	
Suite	·	Suite 810		DO NOT WRITE IN THIS	SSPACE
City & Star	te	City & State	D'	4. FEI Number	Applied For
Gaines'	Ville, FL Country	Gainesvill Zip	e, 보니 Country	59-3607678	Not Applicable \$8.75 Additional
32606 -	7131 USA	32606-7131	USA	5. Certificate of Status Desired	Fee Required
	DO NOT WRITE IN T	HIS SPACE	Name	7. Name and Address of Current Registe	red Agent
			Serna,	Mauricio G.	
				s (P.O. Box Number is Not Acceptable) ort Clarke Blvd.	
			<u>Apt. 8</u>	10	
			City Gaines	ville FI	Zip Code 32606
, 8. The above	named entity submits this statemen	nt for the purpose of chan		registered agent, or both, in the State of Flo.	
	e named entity submits this statement to the obligations of registered agent				
and accep	=				
	=		ging its registered office or		
and accep	of the obligations of registered agent Signature, typed or printed name of regis reserved. May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended USR is \$61.25	stered agent and title if applica	ging its registered office or	registered agent, or both, in the State of Flo	rida. I am familiar with,
and accep	of the obligations of registered agent Signature, typed or printed name of regis TRUSTY 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00	stered agent and title if applica	ging its registered office or	registered agent, or both, in the State of Flo Agent signature required when reinstating) 9. Election Campaign Financing	DATE \$5.00 May Be Added to Fees
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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 arid 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.

STREET ADDRESS CFTY - ST - ZIP

STF FL32381F.1

NAME STREET ADDRESS

CITY - ST - ZIP

FILED