

2006

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000093200	
1. Entity Name Productos Exquisitos, Inc.	

FILED
06 MAY -2 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 11104 N.W. 38th Ln. Suite, Apt. #, etc.	3. Mailing Address 11104 N.W. 38th Ln. Suite, Apt. #, etc.
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City & State Gainesville, FL	City & State Gainesville, FL
Zip 32606-4986	Country USA
Zip 32606-4986	Country USA

DO NOT WRITE IN THIS SPACE	
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) 11104 N.W. 38th Ln.	
City Gainesville	FL Zip Code 32606-4986

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
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P/S/T Mejia, Gloria 11104 N.W. 38th Ln. Gainesville, FL 32606-4986	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> (P.A.)	Gloria Mejia	05/01/06	352-331-3643
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #