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FILED
Jun 18, 2002 8:00 am
Secretary of State

05-15-2002 90063 003 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000094400

1. Entity Name

P.S.N. ENTERPRISES, CORP.

DO NOT WRITE IN THIS SPACE

35824

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2. Principal Place of Business	3. Mailing Address
3820 NW 12 Terr	3820 NW 12 TR
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip: 33126 Country	Zip: 33126 Country

4. FEI Number: 65-0950993

6. Certificate of Status Desired ☐ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name: Juan P Rodriguez

Street Address (P.O. Box Number is Not Acceptable): 3820 NW 12 TR

City: Miami FL 33126

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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.

SIGNATURE: X [signature]

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

OFFICERS AND DIRECTORS

TITLE	President	TITLE	
NAME	Juan Pablo Rguez.	NAME	
STREET ADDRESS	3820 NW 12 Terr	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33126.	CITY-ST-ZIP	
TITLE	Vicepresident.	TITLE	
NAME	Sonia Nunez	NAME	
STREET ADDRESS	3820 NW 12 Terr	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33126	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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11. 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] 4/20/02.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR