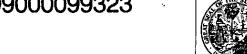
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

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LOS COMALES, CORP.





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Principal Plac 3495 NORTH		s	Mailing Address 3495 NORTH DIXIE HWY.			-	· · · · · · · · · · · · · · · · · · ·	<u></u>			:		
OAKLÂND PAI	RK FL 33334	,	OAKLAND PARK FL 33334										
US			US		-								
2. Principal P	Place of Busin	ness	3. Mailing Address								# 1111 1111 1111 •		
Suite, Apt.	#, etc.	-	Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & Stat	е		City	City & State			4.	4. FEI Number 65-0988494			Applied For Not Applicable		
Zip				Zip Coun			5. Certificate of Status Desired S8.75 Additional Fee Required						
	and Address of Curre	7. Name and Address of New Registered Agent											
; COMINGU	IEZ, MIGUE	1					Name						
	26TH STRE						Street Address (P.O. Box Number is Not Acceptable)						
MIAMI FL	, ,							 ,	<u></u>	1			
						City				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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						حدد نیسیر		9. Election Campaign Fina Trust Fund Contribution	· -		0 May Be I to Fees		
10.		OFFICERS AN	ID DIRECTO	RS	11.		ΑĽ	DDITIONS/CHANGES TO OFFIC	CERS AND	DIRECTORS	3 IN 11	1,	
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indicated	on this repor	t or supplemental repor	t is true and a	accurate and that n	ny signat	ture shall have the	same	119.07(3)(i), Florida Statutes. I l legal effect as if made under oa	ath; that I a	am an officer o	or director 🗸	-	
changed,	or on an atta	ne receiver or trustee em achment with an addres	powered to s s, with all oth	er like empowered.	as requir	red by Chapter 6t	,, FION	ida Statutes; and that my name	appears II	I DIUCK TU OF	DIOUK I LIT		

Date

Daytime Phone #