FILED
May 01, 2003 8:00 am
Secretary of State

04-10-2003 90098 018 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000107433

1. Entity Name
UDESOFT INTERNATIONAL, CORP.

Principal Place of Business	Mailing Address
13633 DEERING BAY DRIVE	13633 DEERING BAY DRIVE
SUITE 265	SUITE 265
CORAL GABLES FL 33158	CORAL GABLES FL 33158

2. Principal Place of Business	3. Mailing Address
8700 West Flagler ST.	8700 West Flagler ST.
Suite, Apt. #, etc. 260	Suite, Apt. #, etc. 260
City & State Miami. Florida	City & State Miami. Florida
Zip 33174 Country	Zip 33174. Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0967285 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ALONSO, DOMINGO
1308 SAROLLA AVE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPTD BUITRAGO, OMAIRA 13633 DEERING BAY DRIVE SUITE 265 CORAL GABLES FL 33158	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mayra Vargas 13663 Deering Bay Dr. Coral Gables, Fl. 33158	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mayra Vargas 4/8/2003 (305)480-8066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #