2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

changed, or on an attacl

SIGNATURE:

May 05, 2003 8:00 am Secretary of State S05379 DOCUMENT # 05-05-2003 91414 023 ***150.00 1. Entity Name ESTRELLA PROMOTIONS, INC. Principal Place of Business Mailing Address 601 BRICKELL KEY DRIVE 601 BRICKELL KEY DRIVE SUITE 501 SUITE 501 MIAMI FL 33131 MIAMI FL 33131-2651 US LIS 2. Principal Place of Business 3. Mailing Address 601 Brickell Key Drive 601 Brickell Key Drive Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Suite 201 Suite 201 City & State City & State 4. FEI Number Applied For 65-0217139 Miami, Florida Miami, Florida Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33131 USA 33131 USA Fee Required - 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Gutierrez, Renaldy J. · GUTIERREZ, RENALDY J. Street Address (P.O. Box Number is Not Acceptable) 601 Brickell Key Drive **601 BRICKELL KEY DRIVE** SUITE 501 Suite 201 MIAMI FL City Miami ^Z33131^e 8. The above named entity submits this statement for he 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 agent and title if FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE PSD X Change ☐ Addition NAME RENALDY J. GITIERREZ NAME Gutierrez, Renaldy J. 601 BRICKELL KEY DR., SUITE 501 STREET ADDRESS STREET ADDRESS 601 Brickell Key Drive, Suite 201 CITY-ST-ZIP MIAMI FL CITY-ST-ZIP Miami. Florida 33131 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE . Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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