FILED

Feb 10, 2002 8:00 am Secretary of State

02-10-2002 90056 030 ***150 00

2002 UNIFORM BUSINESS REPORT (UBR)

S24312

DOCUMENT # 1. Entity Name

C.Y.A. ACQUISITIONS, INC.

Principal Place of Business

Mailing Address

1205 SW 37TH AVE. MIAMI FL 33135

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3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0241505 Not Applicable \$8.75 Additional Zip Country Zio. Country 5. Certificate of Status Desired - - -Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ALVAREZ, CLAUDIO I. Street Address (P.O. Box Number is Not Acceptable) 1205 SW 37TH AVE. **MIAMI FL 33135** Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State

11.	OFFICERS AND DIRECTO	DRS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVAREZ, CLAUDIO I. 1205 SW 37TH AVE. MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVAREZ, YVONNE R 1205 SW 37TH AVE MIAMI FL 33135	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

13. 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 enjort 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 trus eee my swered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or tru-changed, or on an attachment with an

SIGNATURE: