AMENDED

07-02-2003 90009 015 ****61.25
FILED S28658

03 JUL -7 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S28658

1. Entity Name
SOUTHWEST FLORIDA LAND DEVELOPERS AND INVESTORS, INC.

Principal Place of Business	Mailing Address
1643 BRICKELL AVE APT. 4702 MIAMI, FL 33129 US	1643 BRICKELL AVE APT. 4702 MIAMI, FL 33129 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number **65-0247553** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MIAMI CORPORATE SYSTEMS INC 283 CATALONIA AVE 2ND FLOOR CORAL GABLES, FL 33134	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when changing)

FILE NOW: FEE IS $550.00
IF FILED 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	D RUIZ, EZEQUIEL 1643 BRICKELL AVE, #4702 MIAMI, FL 33129	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARRIOS, CARMEN 1643 BRICKELL AVE, #4702 MIAMI, FL 33129	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS SIERRA, PABLO A 1643 BRICKELL AVE, #4702 MIAMI, FL 33129	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS Pablo Ardila Sierra 1643 Brickell Ave., # 4702 Miami, FL 33129 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPAS ARDILA, JAIME 1643 BRICKELL AVE, #4702 MIAMI, FL 33129	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JEREZ, HELLEN S 1643 BRICKELL AVE, #4702 MIAMI, FL 33129	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Hellen Sierra Jerez 1643 Brickell Ave., # 4702 Miami, FL 33129 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ P.R.S. 6/26/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #