2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** V38948



FILED Mar 10, 2003 8:00 am § Secretary of State

Section Sect	1. Entity Na MARFLO	ADVERTIS	SING, INC.							O	3-10-20	03 90:	151 01	4 ***15	0.00
Suite, Apt. #, etc. City & State City & State City & C	1417 S.W. 13 MIAMI FL 33	39 AVE.		1417 MIAMI	1417 S.W. 139 AVE. MIAMI FL 33184			-))))8) (19)(8) (19)		Sir Charl a	1811 8 1811 8181	r Oldan diga Hada
City & State City & State Desired & \$8.75 Andle, Fee Required Agent Name and Address of New Registered Agent Name and Address of New Registered Agent Name Name Name Not Acceptable Name Name Name Not Acceptable	2. Principal	Place of Busine	ess	3. Mail	ing Address										
Zip Country Zip Country S. Certificate of Status Desired S. 7. Addit S. Certificate of Status Desired See Required 6. Name and Address of Current Registered Agent Name MARTHA FLORES 1417 S.W. 139TH AVE. MIAMI FL 33184 City FL Zip Code 6. 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, an the obligations of registered agent and the disposable properties of registered agent, or both, in the State of Florida. I am familiar with, an an anti-certificate of State Section See will be \$550.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TILE PLORES, MARTHA HAME PLORES, MARTHA 117 SW 139 AVE MIAMI FL Desire Desire TILE MANG SIRET ADDRESS CITY-ST-ZIP MIAMI FL Desire SIRET ADDRESS CITY-ST-ZIP TILE MANG MANG SIRET ADDRESS CITY-ST-ZIP TILE MANG MANG SIRET ADDRESS CITY-ST-ZIP TILE Change C	Suite, Apt	t. #, etc.	·	Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
Zip Country Zip Country 5. Country 6. Name and Address of New Registered Agent 7. Name and Address (P.O. Box Number is Not Acceptable) City	City & Sta	ate		City	City & State			1	65-1345243						
MARTHA FLORES 1417 S.W. 199TH AVE. MAMIFL 33184 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida. I am familiar with, an the oditions of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE SIREET ADDRESS SIGNATURE PLORES, MARTHA 1417 SW 139 AVE 1718	Zip Country			Zip	Zip Cou				5. Cert		-			\$8.75 A	
MARTHA FLORES 1417 S.W. 199TH AVE. MIAMI FL 33184 City FL City FL Zip Code City FL Sip City FL City FL City FL Sip City FL C		6. Name a	and Address of Cu	rrent Registere	d Agent	1	-	! ! .	7. Nam	e and Add	ress of Ne	w Regis			
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code							lame	· ·					2101047	-tgont	
City FL Zip Code 8. The above named ontity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, an the obligations of registered agent. SIGNATURE Signature typed or privated rame of registered agent and titls if applicable. (NOTE: Registered Agent alignature required when remotiscing) DATE FILE NOW!!! FEE IS \$150.00				s	treet Addre	ss (P.	O. Box N	lumber is N	lot Accepta	able)		<u>-</u>			
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent. SIGNATÚRE Signature, Typed or prised name of registered agent. (NOTE: Registered Agent algrature required when remetalize) Date	Miami Fl	33184								-			,··- <u>·</u>		
8. The above named entity automits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ITTLE TORS, MARTHA 1417 SW 139 AVE Delete TITLE Delete TITLE MAME SIRRET ADDRESS SITY- \$1-2P MIAMI FL Delete TITLE MAME SIRRET ADDRESS CITY- \$1-2P TITLE Change Change						0	ity	:					FL	Zip Co	de
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TREET ADDRESS ITY-ST-ZIP 2. Interest of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii).	ame Treet address ITY-ST-ZIP			7		NAME Street add City-St-Zir	•			-					☐ Addition

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: