2003 FOR PROFIT CORPORATION

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UNIFORM BUSINESS REPORT (UBR) DOCUMENT # V62465 FILED 1. Entity Name LE CLUB DES PROFESSIONNELS, INC. JUN -9 PM 3: 32 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 7855 NW 29TH ST 7855 NW 29TH ST **STE 190** STE 190 MIAMI FL 33122 MIAMI FL 33122 US 2. Principal Place of Business 3. Mailing Address 7855 NW STREET Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Suite 182 Applied For City & State 4. FEI Number 65-0354871 Not Applicable Miami Country Zio Country \$8.75 Additional 5. Certificate of Status Desired 33122 us Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Gehevarria ECHEVARRIA, GUIDO A SR Street Address (P.O. Box Number is Not Acceptable) 8748 SW 114 PLACE **MIAMI FL 33173** City 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 X Signature, typed or pripled name of egistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition TITLE Delete TITLE X Change Grudo A. Echevarria, ECHEVARRIA. GUIDO A SR NAME NAME 7855 NW 29 th Street STREET ADDRESS 8748 SW 114 PLACE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33173 CITY-ST-ZIP 33122 Miami TITLE ☐ Delete TITLE 5000203407 **BC**hange NAME NAME 06/17/03--01080--020 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY_ST_ZIP ☐ Addition TITLE ☐ Defete TITLE ☐ Change 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-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby 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 indicated on this report or supplemental report of 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.

SIGNATI required SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

592-4622

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LE CLUB des Professionnels, Inc. 7855 NW 29th street Ste 182 Miami, Florida, 33122

Mr. Tyron Scott

Florida Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

Re: Le Club des Professionnels, Inc. Document: V62465

Dear Mr. Scott:

As per telephone conversation with Ms. Carol Mustain, in relation to a letter which she send Le Club, it was agree that Le Club des Professionnels had submitted the 2003 Corporation Uniform Report on May 1 as established by law.

Today as per your instructions we are enclosing the check No. 2123 against the Ocean Bank in the amount of \$150.00 together with the 2003 UNIFORM BUSINESS REPORT which was returned to Le Club attached to a letter dated May 27 2003 signed by Justin M. Shivers.

In addition to the above documents we are attaching copy of the US postal register mail Certificate posted on May 1 2003.

If you have any question please contact me at 305-592-4622 or at my cellular 305-216-1869.

Thank you very much for you assitance in solving this matter.

Guido Echevarria