Electronic Signature of Signing Officer/Director Detail

SIGNATURE: Electronic Signature of Registered Agent

above, or on an attachment with all other like empowered.

SIGNATURE: SABRINA M. CASTILLO

Officer/Dire	ctor Detail :		
Title	С	Title	Ρ
Name	CASTILLO, MANUEL JSR.	Name	CASTILLO, MANUEL JJR.
Address	175 S.W. 7TH ST., STE 1505	Address	175 S.W. 7TH ST., STE 1505
City-State-Zip:	MIAMI FL 33130	City-State-Zip:	MIAMI FL 33130
Title	CAO		
Name	CASTILLO, SABRINA M		
Address	175 S.W. 7TH ST., STE 1505		
City-State-Zip:	MIAMI FL 33130		

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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

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.

FEI Number: 33-0763752

Name and Address of Current Registered Agent:

Current Principal Place of Business: 175 S.W. 7TH ST., **SUITE 1505** MIAMI, FL 33130

Current Mailing Address:

175 S.W. 7TH ST., **SUITE 1505** MIAMI, FL 33130

PLAZA, HENRY Y 175 SW 7TH STREET

MIAMI, FL 33130 US

1505

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F0700003629

Entity Name: AVOCADOS PLUS INCORPORATED

FILED Apr 25, 2013 Secretary of State CC5142523285

Date

Certificate of Status Desired: Yes

Date

04/25/2013

CHIEF ADMINISTRATIVE

OFFICER