

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90027 019 ***150.00

DOCUMENT # 443382



1. Entity Name
ADDISON INVESTMENTS, INC.

Principal Place of Business 7780 SW 117TH AVENUE SUITE 103 MIAMI FL 33183 US	Mailing Address 7780 SW 117TH AVENUE SUITE 103 MIAMI FL 33183 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-1578664	Applied For
	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCLEAN, EVAN D.
7780 SW 17TH AVENUE
SUITE 103
MIAMI FL 33183

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 signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
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	PD <input type="checkbox"/> Delete
NAME	BUESO, GUILLERMO
STREET ADDRESS	COLONIA SAN IGNACIO, RESIDENCIAL CA #23
CITY-ST-ZIP	TEGUCIGALPA HO
TITLE	VD <input type="checkbox"/> Delete
NAME	MOLINA, JOSE R.
STREET ADDRESS	COLONIA PALMIRA
CITY-ST-ZIP	TEGUCIGALPA HO
TITLE	SD <input type="checkbox"/> Delete
NAME	FERNANDEZ, JUSTO R.
STREET ADDRESS	COLONIA SAN IGNACIO RES CAS #23
CITY-ST-ZIP	TEGUCIGALPA HO
TITLE	ASD <input type="checkbox"/> Delete
NAME	MCLEAN, EVAN D.
STREET ADDRESS	7780 SW 117TH AVENUE, SUITE 103
CITY-ST-ZIP	MIAMI FL 33183
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **Jan 31 03 (305) 231-5111**
Daytime Phone #

CR2E034 (10/02)