

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** 470549  
1. Entity Name  
**PEDA CORP.**

" **FILED** " AMENDMENT  
03 DEC - T PM 12:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**2300 Coral Way**  
Suite, Apt. #, etc.  
**Suite # 200**  
City & State  
**Miami, Florida**  
Zip  
**33145** Country  
**US**

3. Mailing Address  
**2300 Coral Way**  
Suite, Apt. #, etc.  
**Suite # 200**  
City & State  
**Miami, Florida**  
Zip  
**33145** Country  
**US**

**500025234915**  
12/04/03--01034--007 \*\*\$1.25

DO NOT WRITE IN THIS SPACE

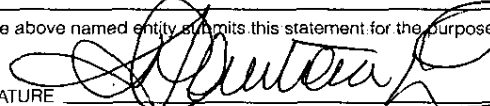
**DO NOT WRITE  
IN THIS SPACE**

4. FEI Number  
**59-1573525** Applied For  
Not Applicable

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

7. Name and Address of Current Registered Agent  
Name  
**FLORIDA ANNUAL REPORT SERVICES, INC.**  
Street Address (P.O. Box Number is Not Acceptable)  
**2300 Coral Way, Suite # 200**  
City  
**Miami** **FL** Zip Code  
**33145**

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.

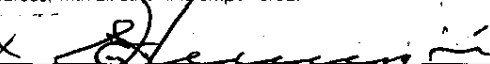
SIGNATURE  **AMADA CANTERA LOPEZ, President** **11-25-03**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

| 11. OFFICERS AND DIRECTORS                     |   |  |                                       |
|--|---|--|---------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>OBREGON, EDUARDO<br/>12315 SW 43rd Street<br/>Miami, FL 33175</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>STD<br/>ECHEMENDIA, EMMA J<br/>6090 West Flagler St<br/>Miami, FL</b>    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **11/25/03** **(305) 223-0882**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)