

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

0282045 AV

04-30-2003 90319 033 \*\*\*150.00

**DOCUMENT # J85487**

1. Entity Name  
**QUIXOTIC VENTURES, INC.**



Principal Place of Business  
**145 CURTISS PARKWAY  
MIAMI SPRINGS FL 33166**

Mailing Address  
**145 CURTISS PARKWAY  
MIAMI SPRINGS FL 33166**



2. Principal Place of Business

3. Mailing Address

**2621 SW 24<sup>th</sup> ST.**  
Suite, Apt. #, etc.

**2621 SW 24<sup>th</sup> ST.**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Miami FL**

City & State  
**Miami FL**

4. FEI Number **65-0004757**

Applied For  
 Not Applicable

Zip **33145**

Country

Zip **33145**

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARLSON, ALEX E.  
145 CURTISS PKWY  
MIAMI SPRINGS FL 33166**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>PEREZ-RAMON, IGNACIO</b>	
STREET ADDRESS	<b>2621 SW 24TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33145</b>	
TITLE	<b>VAS</b>	<input type="checkbox"/> Delete
NAME	<b>DIAZ, POMPEYO</b>	
STREET ADDRESS	<b>2621 SW 24TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33145</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>BERNAT-MARTIN, LINA</b>	
STREET ADDRESS	<b>2621 SW 24TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33145</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>PRREZ, IGNACIO JR.</b>	
STREET ADDRESS	<b>2621 SW 24TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33145</b>	
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
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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: **P. A. P. 2003 D. P. 2 VA S**  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-20-03** Daytime Phone # **305-854-5898**

CR2E034 (10/02)