

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

FILED
Apr 25, 2003 8:00 am
Secretary of State
 04-25-2003 90243 038 ***150.00

DOCUMENT # K08848
 1. Entity Name
NUMEX STATIONERY PRINTING & THERMOGRAPHY, INC.

DO NOT WRITE IN THIS SPACE

11017112

2. Principal Place of Business
5880 W. FLADEN ST.
 Suite, Apt. #, etc.
P.O. Box 1
 City & State
MIAMI FL
 Zip 33144 Country USA

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number
65-0024235
 Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
 IN THIS SPACE**

7. Name and Address of Current Registered Agent
 Name NUMEX Alex
 Street Address (P.O. Box Number is Not Acceptable)
5979 S.W. 50 TERR.
 City MIAMI FL Zip Code 33155

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

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 NAME STREET ADDRESS CITY - ST - ZIP	<u>PD</u> <u>NUMEX, CANO 100</u> <u>9101 S.W. 11 ST.</u> <u>MIAMI, FL 33174</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>TD</u> <u>NUMEX, Alex</u> <u>5979 S.W. 50 TERR</u> <u>MIAMI FL 33155</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>SD</u> <u>NUMEX, MAITE</u> <u>5979 S.W. 50 TERR</u> <u>MIAMI FL 33155</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
 IN THIS SPACE**

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: Marta Numex A. NUMEX 4/24/03 305-266-1260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #