

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

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90823 028 \*\*\*150.00

**DOCUMENT # L89499**

1. Entity Name  
**FORWARD S-I CORP.**



Principal Place of Business  
**6934 S.W. 83RD PL.  
MIAMI FL 33143**

Mailing Address  
**6934 S.W. 83RD PL.  
MIAMI FL 33143**



2. Principal Place of Business  
**10491 SW 15th Ln.**

3. Mailing Address  
**10491 SW 15th Ln.**

Suite, Apt. #, etc.  
**# 105**

Suite, Apt. #, etc.  
**# 105**

City & State  
**MIAMI FL.**

City & State  
**MIAMI, FL.**

CHECK HERE IF MAKING CHANGES

Zip  
**33174**

Country  
**Dade**

Zip  
**33174**

Country  
**Dade**

4. FEI Number **65-0294109**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**LEETS, MARIA A**  
**6934 S.W. 83RD PL.**  
**MIAMI FL 33143**

7. Name and Address of New Registered Agent

Name **LARGAESPADA, Dimitri**

Street Address (P.O. Box Number is Not Acceptable)  
**10491 SW 15th Ln**

**# 105**

City **Miami FL** Zip Code **33174**

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 *[Signature]* DATE **4/28/03**

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	
TITLE <b>P</b>	<input checked="" type="checkbox"/> Delete
NAME <b>LEETS, MARIA A</b>	
STREET ADDRESS <b>6934 S.W. 83RD PL.</b>	
CITY-ST-ZIP <b>MIAMI FL 33143</b>	
TITLE <b>T</b>	<input checked="" type="checkbox"/> Delete
NAME <b>MONCADE, MARIA A</b>	
STREET ADDRESS <b>5347 SW 153 AVENUE</b>	
CITY-ST-ZIP <b>MIAMI FL 33186</b>	
TITLE <b>T</b>	<input checked="" type="checkbox"/> Delete
NAME <b>ZAMORA, BLANCA</b>	
STREET ADDRESS <b>15332 S.W. 177 TERRACE</b>	
CITY-ST-ZIP <b>MIAMI FL 33187</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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LARGAESPADA, Dimitri</b>	<b>MIAMI, FL.</b>
STREET ADDRESS <b>10491 SW 15th Ln #105</b>	<b>33174</b>
CITY-ST-ZIP <b>MIAMI FL 33174</b>	
TITLE <b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Eleanora Rocha</b>	<b>MIAMI FL 33174</b>
STREET ADDRESS <b>10491 SW 15th Ln</b>	
CITY-ST-ZIP <b>MIAMI FL 33174</b>	
TITLE <b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LARGAESPADA, EDUARO</b>	
STREET ADDRESS <b>6934 SW 83rd Pl.</b>	
CITY-ST-ZIP <b>MIAMI, FL. 33143</b>	
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: *[Signature]* DATE **4/28/03** 305 222 8654

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/02)