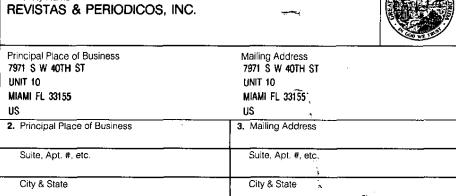
## **FILED** Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90223 007 \*\*\*150.00

2003 FC	R PROFI	T CORPO	PRATION
<b>-UNIFORM</b>	I BUSINE	SS REPO	RT (UBR

M90092 DOCUMENT #

Zip



Zip



CHECK HERE IF MAKING CHANGES Applied For 65-0064967 Not Applicable

\$8.75 Additional 5. Certificate of Status Desired -Fee Required 7. Name and Address of New Registered Agent

CEBALLOS, NORMA CECILIA **7971 SW 40TH STREET** UNIT 10 **MIAMI FL 33155** 

Name				
Street Address (P.O.	Box Number is Not Accept	able)		
City	<del>-111</del>		Zin Code	

Trust Fund Contribution.

	the above named entity sub the obligations of registered	omits this statement for the purpose of agent.	changing its registered office	or registered agent, or both, in	the State of Florida. I	am familiar with, and accept
•	•	<b>4</b>	<del>-</del> ·			

Country

SIGNATURE

FILE NOW!!! FEE IS \$150.00

Country

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing \$5.00 May Be Added to Fees

After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

10.	OFFICERS AND DIRECTORS	3	11.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS	S IN 11
TITLE STATE OF THE	DPS CEBALLOS, NORMA CECILIA	☐ Delete	TITLE NAME	,,	Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	7971 SW 40TH STREET UNIT 9 MIAMI FL		STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS DITY-ST-ZIP	D DURAN, EDUARDO 7971 SW 40TH STREET UNIT 9 MIAMI FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
ITLE  IAME  STREET ADDRESS  CITY-ST-ZIP			=TITLE - NAME STREET ADDRESS CITY-ST-ZIP	ಗೀತಾಭಾಗ್ರವದ ಎಂ s ಹಾಗೆ ಚರ್ವರ್ - ೧೯೯	☐ Change	Addition
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ITLE IAME TREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		☐ Change	☐ Addition

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

SIGNATURE:

CITY-ST-ZIP

Daytime Phone