

AMENDED

FILED
06-19-2003 90042 044 ****61.25
03 JUN 24 AM 8:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000063

1. Entity Name
AMIGOS TOGETHER FOR KIDS, INC.

Principal Place of Business
815 PONCE DE LEON
STE 200
CORAL GABLES, FL 33134 US

Mailing Address
815 PONCE DE LEON
STE 200
CORAL GABLES, FL 33134 US

2. Principal Place of Business
801 S.W. 3RD AVE.
Suite, Apt. #, etc.
STE. 303

3. Mailing Address
801 S.W. 3RD AVE.
Suite, Apt. #, etc.
STE. 303

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

4. FEI Number
65-0361629

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
CRUZ, CELIA M
815 PONCE DE LEON BLVD
STE 200
MIAMI, FL 33134

7. Name and Address of New Registered Agent
INTRASTATE REGISTERED AGENT CORP.
Street Address (P.O. Box Number is Not Acceptable)
701 BRICKELL AVENUE, STE. 3000
MIAMI FL 33131

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. **INTRASTATE REGISTERED AGENT CORPORATION**

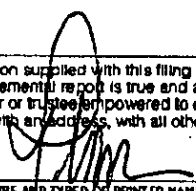
SIGNATURE
Signature, typed or printed name of registered agent and date of filing
JORGE L. HERNANDEZ-TORERO, VP DATE

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

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR PLASENCIA, JORGE 800 DOUGLAS RD ANNEX BLDG STE 111 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FERNANDEZ, ROXANA 2000 PONCE DE LEON BLVD. PENTHOUSE CORAL GABLES, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RODRIGUEZ, DANIA M 2475 PONCE DE LEON BLVD PH CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR CUESTA, ERNESTO 1660 BRICKELL AVE STE 109A MIAMI, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ECHERRARRIA, ZUZEH 12660 SW 39 TERRACE MIAMI, FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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:  DATE: 6/10/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR02037 (10/02)