

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

DOCUMENT # P0000051793 1. Entity Name DOCTOR OF SUCCESS SEMINARS, INC.		
Principal Place of Business P.O. BOX 19306 PLANTATION, FL 33318-0306		Mailing Address P.O. BOX 19306 PLANTATION, FL 33318-0306
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc. 7081 S.W. 19th St.	Suite, Apt. #, etc. 7081 S.W. 19th St.	
City & State Plantation Florida	City & State Plantation, FL	
Zip 33317	Country USA	Zip 33317
Country USA		Country USA
5. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
GARCIA-LINARES, MANUEL A 201 S. BISCAYNE BLVD., 10TH FLOOR MIAMI, FL 33131		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
A. 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 _____ <small>Signature, typed or printed name of registered agent and title (optional) (NOTE: Registered Agent signature required when electing)</small>		
		B. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-STATE-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-STATE-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-STATE-ZIP	
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-STATE-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-STATE-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 fees empowered.		
SIGNATURE: <i>Manuel A. Garcia-Linares</i>		Date: 4/24/03 954-316-3037 <small>Date</small>

CR2034 (10/02)