


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

FILED
Apr 10, 2003 8:00 am
Secretary of State

03-03-2003 90458 014 ***150.00

DOCUMENT # P00000097270
1. Entity Name
FSG PARTNERSHIP HOLDINGS, INC.



Principal Place of Business
**5800 NW 74TH AVE
MIAMI FL 33166**

Mailing Address
**PO BOX 9130
MIAMI FL 33166-9130**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
5800 NW 74 AVENUE
Suite, Apt. #, etc.
#201
City & State
MIAMI, FLORIDA
Zip
33166

Country
USA

CHECK HERE IF MAKING CHANGES
30-0511057

4. FEI Number **APPLIED FOR** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
JUAN DIAZ, ESQUIRE
5800 NW 74TH AVE
MIAMI FL 33166

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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.

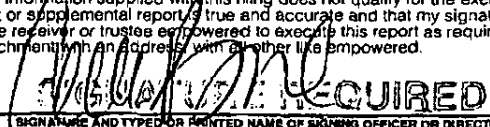
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BARED, CARLOS 5800 NW 74 AVE STE 201 MIAMI FL 33166 <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	DVP BARED, MAURICE 5800 NW 74 AVE STE 201 MIAMI FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 another life empowered.

SIGNATURE:  **REQUIRED** Date: **2-6-03** 305471541x231
Daytime Phone # _____

CR25034 11/07/02