2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P00000115590



FILED

PENIEL IN	NC.					03-03-2003 90231 030	130.0		
Principal Place of Business 6905 NW 50TH STREET MIAMI FL 33166			Mailing Address 6905 NW 50TH STREET MIAMI FL 33166			·			
2. Principal P	Place of Busine	255	3. Mailing Address		_			1811, 881, 188 1811, 881, 188	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEI Number 65-1062450 Applied For Not Applied by Applied Applied For Not Applied By Applied For Not Applied By Applied For Not Applied By Applied For Not A		ot Applicable			
Zip		Country	Zip	Country			\$8.75 Add Fee Require		
	6. Name	and Address of Curren	t Registered Agent			7. Name and Address of New Registered A	gent		
DALDI SE	RGIO D			Name		<u> </u>			
Daldi, Sergio d 6905 NW 50TH Street				Street Add	Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL		••							
						FL	Zip Cod	e	
8. The above the obligat	named entity ions of registe	submits this statement f red agent.	or the purpose of changing its	s registered office or re	egistered	agent, or both, in the State of Florida. I am f	amiliar with,	and accept	
SIGNATURE.	Signature, typed o	r printed name of registered agen	t and title if applicable. (NOT	E: Registered Agent signature	required wh	nen reinstating) DATE			
					<u> </u>				
F	ILE NOW!!!	FFF IS \$150.00							
After	r May 1, 200	FEE IS \$150.00 3 Fee will be \$550.00 Florida Department of				9. Election Campaign Financing Trust Fund Contribution.		10 May Be d to Fees	
After	r May 1, 200 k Payable to	3 Fee will be \$550.00 Florida Department of OFFICERS AND	of State Directors	11.			Added DIRECTOR	d to Fees S IN 11	
After Make Check	r May 1, 200 Payable to	3 Fee will be \$550.00 Florida Department of OFFICERS AND	of State	TITLE		Trust Fund Contribution.	Added	d to Fees	
After Make Check 10. TITLE NAME	PSD DALDI, SEF	3 Fee will be \$550.00 Florida Department of OFFICERS AND OFFICERS AND OFFICERS AND OTH STREET	of State Directors			Trust Fund Contribution.	Added DIRECTOR	d to Fees S IN 11	
After Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD DALDI, SEF 6905 NW 5	3 Fee will be \$550.00 Florida Department of OFFICERS AND OFFICERS AND OTH STREET	D DIRECTORS Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Trust Fund Contribution.	DIRECTOR Change	d to Fees S (N 11 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)(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 empewared 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 all address, with all other like empowered.

SIGNATURE:

