

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


FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90138 032 ***150.00

029637A AV

DOCUMENT # P01000026304

1. Entity Name
ACTION & PROMOTION OF MIAMI, CORP.



Principal Place of Business
**7324 SW 48TH ST
MIAMI FL 33155**

Mailing Address
**7324 SW 48TH ST
MIAMI FL 33155**



2. Principal Place of Business
11333 NW 73 terrace

3. Mailing Address
11333 NW 73 terrace

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33178

Country
USA

4. FEI Number **94-3391542**

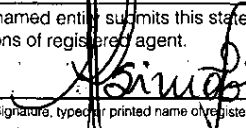
5. Certificate of Status Desired **\$8.75** Additional Fee Required

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
**COUTO, CLAYDE MARY
5421 N.W. 74 AVE.
MIAMI FL 33166**

7. Name and Address of New Registered Agent
Name **SIMOES, DENISE MARTINS**
Street Address (P.O. Box Number is Not Acceptable)
11333 NW 73 terrace
City **MIAMI** FL Zip Code **33178**

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  DATE **03/17/03**

(NOTE: Registered Agent signature required when reinstating)

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	
TITLE PD	<input type="checkbox"/> Delete
NAME SIMOES, DENISE MARTINS	
STREET ADDRESS 5421 N.W. 74 AVE.	
CITY-ST-ZIP MIAMI FL 33166	
TITLE VPD	<input type="checkbox"/> Delete
NAME SIMOES, ROBERTO MARINO	
STREET ADDRESS 5421 N.W. 74 AVE.	
CITY-ST-ZIP MIAMI FL 33166	
TITLE SD	<input checked="" type="checkbox"/> Delete
NAME DA COSTA MARTINS, BENE	
STREET ADDRESS 5421 N.W. 74 AVE	
CITY-ST-ZIP MIAMI FL 33166	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SIMOES, DENISE MARTINS	
STREET ADDRESS 11333 NW 73 terrace	
CITY-ST-ZIP MIAMI, FL 33178	
TITLE VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SIMOES, ROBERTO MARINO	
STREET ADDRESS 11333 NW 73 terrace	
CITY-ST-ZIP MIAMI, FL 33178	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-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 like empowered.

SIGNATURE:  **SIGNATURE REQUIRED** DATE **03/17/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)