


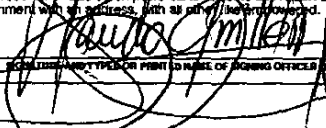


FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90368 026 ***150.00

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

20037975

DOCUMENT # P01000043792 1. Entity Name ORMAR INTERNATIONAL, CORP.		
Principal Place of Business 3000 ISLAND BLVD., SUITE 2204 WILLIAMS ISLAND AVENTURA, FL 33160		
Mailing Address 3000 ISLAND BLVD., SUITE 2204 WILLIAMS ISLAND AVENTURA, FL 33160		
2. Principal Place of Business 18802 SW 28th St Suite, Apt. #, etc.		
3. Mailing Address 18802 SW 28th St Suite, Apt. #, etc.		<input checked="" type="checkbox"/> CHECK HERE IF MAKING CHANGES...
City & State MIRAMAR		
City & State MIRAMAR		4. FEI Number 65-1100294
Zip 33029	Country USA	Applied For <input type="checkbox"/> Not Applicable
Zip 33029	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ARIAS, ILEANA ESQ. ARIAS & ASSOCIATES LAW FIRM 1726 MAIN STREET, SUITE 203 WESTON, FL 33326		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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when necessary)</small>		DATE
		9. 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 PTD NAME PACHECO, ORLANDO G STREET ADDRESS 18802 SW 28 STREET CITY-ST-ZIP MIRAMAR, FL 33029	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME GUILLEN REYES, MARIA A STREET ADDRESS 18802 SW 28 STREET CITY-ST-ZIP MIRAMAR, FL 33029	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME GUILLEN REYES, ORLANDO STREET ADDRESS 18802 SW 28 STREET CITY-ST-ZIP MIRAMAR, FL 33029	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME VILLEGAS, NELSON H STREET ADDRESS 3000 ISLAND BLVD., SUITE 2204 CITY-ST-ZIP WILLIAMS ISLAND, AVENTURA, FL 33160	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME FERRERO, MARIELA H STREET ADDRESS 3000 ISLAND BLVD., SUITE 2204 CITY-ST-ZIP WILLIAMS ISLAND, AVENTURA, FL 33160	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME FERRERO, NELSON NELSON H STREET ADDRESS 3000 ISLAND BLVD., SUITE 2204 CITY-ST-ZIP WILLIAMS ISLAND, AVENTURA, FL 33160	<input type="checkbox"/> Delete	<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)(1), 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 for trustees, authorized 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 of the information required.		
SIGNATURE: 		04/29/2003 786-5954821 <small>Daytime Phone #</small>

CDE2004 (10/02)