

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

04-10-2003 90118 020 \*\*\*150.00

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

**DOCUMENT # P01000084923**  
 1. Entity Name  
 AG 903 OCEAN III CORP.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
 2588 SW 27TH AVE.  
 Suite, Apt. #, etc.

3. Mailing Address  
 2588 SW 27TH AVE.  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
 MIAMI, FL

City & State  
 MIAMI, FL

Zip  
 33133

Country  
 U.S.

Zip  
 33133

Country  
 U.S.

4. FEI Number 651133745 Applied For Not Applicable

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

**DO NOT WRITE  
 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name ANTONIO GARCIA

Street Address (P.O. Box Number is Not Acceptable)  
 2588 SW 27TH AVE.

City MIAMI, FL Zip Code 33133

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1: Fee is \$150.00  
 After May 1: Fee is \$550.00  
 Amended UBR is \$61.25  
 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 NAME STREET ADDRESS CITY-ST-ZIP	D GADEA, ARIEL 2588 SW 27TH AVE. MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, GLADIS MARIA 2588 SW 27TH AVE. MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
 IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR200348 (12/02)