

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91514 047 ***150.00

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

DOCUMENT # P01000104270 ✓
 1. Entity Name
 2211, CORP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3000 N.W. 109th. Ave. Suite, Apt. #, etc. Suite 204 City & State Miami, Florida		3. Mailing Address Suite, Apt. #, etc. City & State	
Zip 33172	Country DADE USA	Zip	Country

4. FEI Number
65-0900920

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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7. Name and Address of Current Registered Agent

Name **JUAN CARLOS ESAIN**
 Street Address (P.O. Box Number is Not Acceptable)
9891 N.W. 51 Terr.
 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.

SIGNATURE JUAN C. ESAIN DATE 04/03/2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JUAN C. ESAIN 9891 N.W. 51 Terr Miami, Fl. 33178	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. 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 reports 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: JUAN CARLOS ESAIN DATE 4/18/2002 (706) 8459697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034B (12/01)