
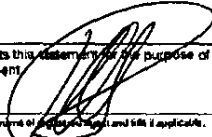



05-16-2003 90183 041 \*\*\*150.00

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

<b>DOCUMENT # P01000104270</b>			
1. Entity Name <b>2211, CORP.</b>			
Principal Place of Business 3000 NW 109TH AVE STE 204 MIAMI, FL 33172		Mailing Address 3000 NW 109TH AVE STE 204 MIAMI, FL 33172	
2. Principal Place of Business <b>9891 NW 51 Terr.</b>		3. Mailing Address <b>9891 NW 51 Terr</b>	
Subs. Apt. #, etc. <b>MIAMI FL</b>		Subs. Apt. #, etc. <b>MIAMI FL</b>	
City & State		City & State	
Zip <b>33178</b>	Country <b>USA</b>	Zip <b>33178</b> Country <b>USA</b>	
4. FEI Number <b>65-0900920</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>DUNKLEY, LINDSAY 9891 NW 51 TERR MIAMI, FL 33178</b>		7. Name and Address of New Registered Agent Name <b>JUAN C. ESAIN</b> Street Address (P.O. Box Number is Not Acceptable) <b>9891 NW 51 TERR.</b> <b>MIAMI</b> City <b>FL</b> Zip Code <b>33178</b>	
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 <b>2-11-03</b>	
<small>Signature, if not a printed name of registered agent, and fill if applicable. (NOTE: Registered Agents must be registered with the state.)</small>			
		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE	PO <b>ESAIN, JUAN C</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ESAIN, JUAN C</b>	NAME	
STREET ADDRESS	<b>9891 NW 51 TERR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 33178</b>	CITY-ST-ZIP	
TITLE	VO <b>BOADA, MARINES</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOADA, MARINES</b>	NAME	
STREET ADDRESS	<b>9891 NW 51 TERR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 33178</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(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 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: 		DATE <b>2/11/03 (308) 436-7975</b>	
<small>SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>	

**90135660**



CHECK HERE IF MAKING CHANGES

C19E0034 (1/01/02)