


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

FILED
Jun 16, 2003 8:00 am
Secretary of State

05-19-2003 90221 033 ***150.00

DOCUMENT # P02000001405 *L*

1. Entity Name
G.M.Y.G. INTERNATIONAL DEVELOPMENT, INC.



Principal Place of Business
8201 NW 8 ST STE 314
MIAMI FL 33126-3920
*7970 GRAN CANAL DR
MIAMI FL 33144-2251*

Mailing Address
8201 NW 8 ST STE 314
MIAMI FL 33126-3920
*7970 GRAN CANAL DR
MIAMI FL 33144-2251*

55048169



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
MAINARDI, GIOVANNI
8201 NW 8 ST STE 314
MIAMI FL 33126-3920
*7970 GRAN CANAL DR
MIAMI FL 33144-2251*

7. Name and Address of New Registered Agent
Name: *UGO CHIARATO*
Street Address (P.O. Box Number is Not Acceptable):
12000 BISCAYNE BLVD - SUITE 507
City: *FL* Zip Code: *33181*

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: *Ugo Chiarato* DATE: *JUNE 13, 2003*

Signature, typed or printed name of registered agent and title if applicable. (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 | DP <i>P/T/D</i> | <input type="checkbox"/> Delete |
| NAME | MAINARDI, GIOVANNI | |
| STREET ADDRESS | 8201 NW 8 ST STE 314 | |
| CITY-ST-ZIP | MIAMI FL 33126-3920 | <i>DR - MIAMI FL 33144</i> |
| TITLE | CEO | <input type="checkbox"/> Delete |
| NAME | MAINARDI, GIOVANNI | |
| STREET ADDRESS | 8201 NW 8 ST STE 314 | |
| CITY-ST-ZIP | MIAMI FL 33126-3920 | |
| TITLE | VS | <input type="checkbox"/> Delete |
| NAME | GONZALEZ, YUDITH | |
| STREET ADDRESS | 8201 NW 8 ST STE 314 | |
| CITY-ST-ZIP | MIAMI FL 33126-3920 | <i>MIAMI FL 33144-2251</i> |
| 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 | | <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 | | |
| 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: *Giovanni Mainardi* DATE: *03/27/03* *305-899-5099*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR Daytime Phone #

06/13/03

CRE034 (10/02)