




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

<b>DOCUMENT # P02000034140</b>					
1. Entity Name <b>BIZXPLOERS, CORP.</b>					
Principal Place of Business 11930 SW 121 AVE MIAMI, FL 33186		Mailing Address 11930 SW 121 AVE MIAMI, FL 33186		<p style="font-size: 2em; text-align: center;">90098010</p>  <p style="text-align: center;"><input type="checkbox"/> CHECK HERE IF MAKING CHANGES</p>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>37-1425502</b> Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>PEREZ, EDUARDO</b> 11930 SW 121 AVE MIAMI, FL 33186				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent				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 signature required when necessary.)</small>				DATE _____	
<p style="background-color: #cccccc; padding: 2px;">FILE NOW!!! FEE IS \$160.00                  After May 1, 2003 Fee will be \$550.00                  Make Check Payable to Florida Department of State</p>				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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PEREZ, EDUARDO	NAME			
STREET ADDRESS	11930 SW 121 AVE	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33186	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NAVARRETE, THAIS	NAME			
STREET ADDRESS	11930 SW 121 AVE	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33186	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 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: 		Eduardo PEREZ		4-17-03 (305) 598-1000	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

CR2E034 (10/02)