

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90971 018 ***150.00

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

80103077

| | | | |
|--|---|--|---|
| DOCUMENT # P02000034545 | |  | |
| 1. Entity Name INVER-VENUS SERVICES, INC. | | | |
| Principal Place of Business 5527 SAN GABRIEL WAY ORLANDO, FL 32837 | | Mailing Address 5527 SAN GABRIEL WAY ORLANDO, FL 32837 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| DUARTE, ELISEO J 5527 SAN GABRIEL WAY ORLANDO, FL 32837 | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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: <i>Eliseo J. Duarte</i> | | DATE: 4-28-03 | |
| 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. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D-: DUARTE, ELISEO J 5527 SAN GABRIEL WAY ORLANDO, FL 32837 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 to this address, with all other persons empowered. | | | |
| SIGNATURE: <i>Eliseo J. Duarte</i> | | DATE: 4-28-03 407-694-2795 | |

CRREC034 (1/01/02)