

08-04-2003 90148 034 \*\*\*150.00

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

<b>DOCUMENT # P02000043065</b>			
1. Entity Name <b>BINA MAY INC.</b>			
Principal Place of Business 671 NE CALIFORNIA DR. #205 N MIAMI BEACH, FL 33179		Mailing Address 671 NE CALIFORNIA DR. #205 N MIAMI BEACH, FL 33179	
2. Principal Place of Business		3. Mailing Address <b>6466 NW 5TH WAY</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>FT. LAUDERDALE, FL.</b>	
Zip		Zip <b>33309</b>	
Country		Country <b>BRUNAY</b>	
4. FEI Number <b>02-0582189</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MAY, CHRISTIAN 671 NE CALIFORNIA DR. #205 N MIAMI BEACH, FL 33179		Name <b>RABINOVICH, SABINA</b> Street Address (P.O. Box Number is Not Acceptable) <b>671 N.E. CALIFORNIA DR #205</b> City <b>N. MIAMI BEACH, FL</b> Zip Code <b>33179</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 <i>Sabina Rabinovich</i>		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when resigning)	
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	PT RABINOVICH, SABINA 671 NE CALIFORNIA DR. #205 N MIAMI BEACH, FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV MAY, CHRISTIAN 671 NE CALIFORNIA DR. #205 N MIAMI BEACH, FL 33179 <input checked="" 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 with an address, with all other like empowered.			
SIGNATURE <i>Sabina Rabinovich</i>		DATE <b>7/31/03</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (1/02)

80135666

**Passariello & Staiano**

CERTIFIED PUBLIC ACCOUNTANTS • A PROFESSIONAL ASSOCIATION

June 30, 2003

Uniform Business Report  
Division of Corporations  
P.O. 1500  
Tallahassee, Fl. 32302-1500

RE: Taxpayer's Name: BINA MAY, INC.  
Document Number: P02000043065  
Tax Form: Uniform Business Report  
Tax Period: 2003

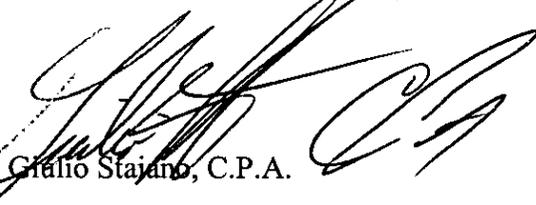
Gentlemen:

We are writing as the accountants for the above referenced client.

Enclosed please find the 2003 Uniform Business Report for the above referenced taxpayer with a check in the amount of \$ 150.00. The taxpayer had not received the original Uniform Business Report, which was due and payable May 1, 2003. Please accept their fee in the amount of \$ 150.00 as they had just incorporated on April 22, 2002 and were not aware that they were required to file a Uniform Business Report due May 1, 2003.

If you have any questions, please feel free to call us between the hours of 9 A.M. and 5 P.M. Monday thru Friday at (954) 776-1444.

Sincerely,  
PASSAREILLO & STAIANO, C.P.A.



Giallo Stajano, C.P.A.

Encl