

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

FILED
Aug 19, 2003 8:00 am
Secretary of State

05-07-2003 90175 034 ***150.00

DOCUMENT # P02000046921

1. Entity Name
PROFESSIONAL VISA, INC.



Principal Place of Business
7372 NW 12 STREET
MIAMI, FL 33126

Mailing Address
7372 NW 12 STREET
MIAMI, FL 33126

55054505

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
7220 NW 36 St. #315

Suite, Apt. #, etc.
7220 NW 36 St. #315

CHECK HERE IF MAKING CHANGES

City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number
33-1039504

Applied For
 Not Applicable

Zip
33166

Country
USA

Zip
33166

Country
USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SALADRIGAS, SERGIO
7372 NW 12 STREET
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name Saladrigas Sergio

Street Address (P.O. Box Number Is Not Acceptable)

7220 NW 36 St. #315

City Miami **FL** Zip Code 33166

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

5/3

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$450.00

Amended UBR is \$21.25

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 PD Delete

NAME SALADRIGAS, SERGIO
STREET ADDRESS 7372 NW 12 STREET
CITY-ST-ZIP MIAMI, FL 33126

TITLE Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE Delete

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CITY-ST-ZIP

TITLE Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD Change Addition

NAME Saladrigas, Sergio
STREET ADDRESS 7220 NW 36 Street #315
CITY-ST-ZIP Miami, Florida 33166

TITLE Change Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition

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CITY-ST-ZIP

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TITLE Change Addition

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STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/11/03

3056394737

Date

Daytime Phone #

CR2E034 (10/02)

Attachment

PROFESSIONAL VISA, INC.

Miami, August 11, 2003

55054605

Messrs.

FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida.-

Att.: Division of Corporations
Ref.: Uniform Business Report - P02000046921

Sirs:

We were informed by telephone by one of your agents that Uniform Business Report filed by our company was incomplete. It seems that you requested missing information by mail, but mail was delivered to our old address. For this reason we were not aware of the situation.

Please be informed that this information was omitted involuntarily. Nevertheless, take into account that payment was made on time, before May, for this purpose we are attaching missing information.

Thanks in advance for your kind attention and cooperation.

Best regards,


Sergio Saladrigas
General Manager