


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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91367 045 ***150.00

DOCUMENT # P02000089320
1. Entity Name Furies Corporation



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9881 SW 3rd Ct
Suite, Apt. #, etc. N/A
City & State PLANTATION, FL
Zip 33324 Country U.S.

3. Mailing Address 9881 SW 3rd Ct
Suite, Apt. #, etc. 9881 SW N/A
City & State PLANTATION, FL
Zip 33324 Country U.S.

DO NOT WRITE IN THIS SPACE

4. FEI Number 33-1019105 Applied For Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name Xiomara Lee, CP
Street Address (P.O. Box Number is Not Acceptable) 3380 SW 80 Ct
City Miami FL Zip Code 33155

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT ISABEL DIAZ AYERS 9881 SW 3rd Ct PLANTATION, FL 33324</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>TREASURER ISABEL V. DIAZ 9881 SW 3rd Ct PLANTATION, FL 33324</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Isabel D. Ayers Isabel D. Ayers
Date 4-25-03 Daytime Phone # 954-723-0032

CR2E034B (12/02)