

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


FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90264 005 ***150.00

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DOCUMENT # P02000099443

1. Entity Name
ALAN'S I CORP.



Principal Place of Business
**1001 BRICKELL BAY DRIVE
SUITE 2600
MIAMI FL 33131**

Mailing Address
**1001 BRICKELL BAY DRIVE
SUITE 2600
MIAMI FL 33131**



2. Principal Place of Business
12550 Biscayne Blvd

3. Mailing Address
12550 Biscayne Blvd.

Suite, Apt. #, etc.
405

City & State
North Miami, Florida

CHECK HERE IF MAKING CHANGES

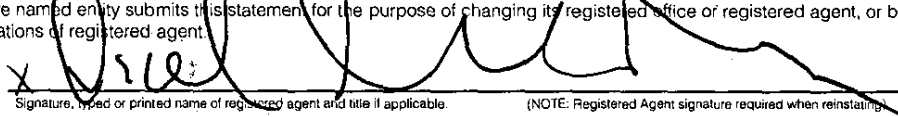
4. FEI Number

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

6. Name and Address of Current Registered Agent
**GRISALES-RACINI, OSCAR
1001 BRICKELL BAY DRIVE
SUITE 2600
MIAMI FL 33131**

7. Name and Address of New Registered Agent
Name
OSCAR GRISALES-RACINI, Esq.
Street Address (P.O. Box Number is Not Acceptable)
12550 Biscayne Boulevard
Suite 405
City
North Miami FL Zip Code
33181

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  DATE **04/09/2003**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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. **\$5.00 May Be Added to Fees**

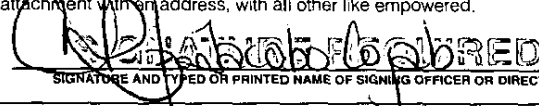
10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	COJAB, JACOB	
STREET ADDRESS	1001 BRICKELL BAY DRIVE SUITE 2600	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	V	<input type="checkbox"/> Delete
NAME	VELAZQUEZ, LINDA B	
STREET ADDRESS	1001 BRICKELL BAY DRIVE SUITE 2600	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COJAB, JACOB	
STREET ADDRESS	12550 Biscayne Blvd. Suite 405	
CITY-ST-ZIP	North Miami FL 33181	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VELAZQUEZ, LINDA B	
STREET ADDRESS	12550 Biscayne Blvd. Suite 405	
CITY-ST-ZIP	North Miami, FL 33181	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE **04/09/2003** (305) 8951313

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)