## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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Daytime Phone #

DOCUMENT # P02000103409 1. Entity Name 'FILED Coenesis, Financial Hortgage 03 AUG -7 相刊: 40 Corporation SECRETARY OF STATE DO NOT WRITE IN THIS SPACE TALLAHASSEE, FLORIDA 2. Principal Place of Business Mailing Address 13561 SW 3561 SW (02 Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE STE: STE: ON P ity & State FEI Number Applied For 32 - 00*559*8 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33183 Fee Required 7. Name and Address of Current Registered Agent Name Vanessa DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE STE, ONC 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 the obligations of registered agent. January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS CR2E0348 (12/02) TITLE 900022291949 68/13/68-01655-025 \*\*\*300.00 NAME NAME Vanessa STREET ADDRESS 3561 SW 62 STREET ACROSS CITY-ST-ZIP 33183 CITY-S1-Z8 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CHY-ST-7P IN THIS SPACE TITLE TITLE NAME NAME STRIET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TILE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP City-St-7P TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP City-St-28 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: Gassam

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAYERE

TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR 2003 UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

- THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,

VÁNESSA ORTEGA

**PRESIDENT**