


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90257 028 ***150.00

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

| | | | |
|---|---------------------------------|---|---|
| DOCUMENT # P02000114469 | |  | |
| 1. Entity Name CYM ENTERPRISES, INC. | | | |
| Principal Place of Business 14083 S.W. 9TH ST. MIAMI, FL 33184 | | Mailing Address 14083 S.W. 9TH ST. MIAMI, FL 33184 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| PATRICIA, LUCIA 14083 S.W. 9TH ST. MIAMI, FL 33184 | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when re-stating)</small> | | DATE _____ | |
| <p>FILE DOWN!! FEE IS \$150.00 Filing Fee: 2003 PER. APR. BY 1630.00. Make Check Payable to Florida Department of State</p> | | 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 | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY- ST- ZIP | | CITY- ST- ZIP | |
| MANTILLA, LUCIA P | | | |
| 14083 S.W. 9TH ST. | | | |
| MIAMI, FL 33184 | | | |
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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>[Signature]</i> | | DATE: 4/29/03 | DAYTIME PHONE: 786-457-7287 |
| <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>DATE</small> | <small>DAYTIME PHONE #</small> |

90124272



CHECK HERE IF MAKING CHANGES

4. FEI Number **01-0761183** Applied For Not Applicable

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

CIRE034 (10/02)