

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

**FILED**  
**Feb 20, 2004 8:00 am**  
**Secretary of State**

02-20-2004 90005 032 \*\*\*150.00

<b>DOCUMENT #</b> P03000056094
1. Entity Name H & R VISCAVA CONSULTANS INC

**24013169**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 10621 HAMMOCKS BLVD APT 435 Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State MIAMI, FL	City & State	4. FEI Number 01-0784814	Applied For <input type="checkbox"/> Not Applicable
Zip 33196-2627	Country US	Zip	Country
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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IN THIS SPACE**

<b>7. Name and Address of Current Registered Agent</b>	
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**

Signature, typed or printed name of registered agent and title if applicable. (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  \$5.00 May Be  
Trust Fund Contribution. Added to Fees

**10. OFFICERS AND DIRECTORS**

**11.**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D CARMEN RODRIGUEZ 10621 HAMMOCKS BLVD APT 435 MIAMI FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HENRY CERVELLO 10621 HAMMOCKS BLVD APT 435 MIAMI FL 33196
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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 on an attachment with an address, with all other like empowered.

**SIGNATURE:**  V PRESIDENT 1/28/2004 (305) 338-3715

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #