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

DOCUMENT # POSOCOCO POS



Apr 23, 2003 8:00 am Secretary of State

1. Entity Nam		0000013		04-23-2003 90204 033 ***150.00
Principal Place of Business 10435 SW 92 STREET MIAMI FL 33176		Mailing Address 10435 SW 92 STREET MIAMI FL 33176		
2 Principal P	Place of Business	3. Mailing Address		
		S. Walling Alecticae		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 65-0421002 Applied For Not Applicable
Zip	Country	Zìp	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
#801				ss (PO. Box Number is At Acceptable). SE
the obligat SIGNATURE F After	Signature, typed or printed rome of registered agen ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Floriga Department of	and title if applicable. (NOT	E: Registered Agent signature req	stered agent, or both, in the State of Florida. I am familiar with, and accept ulired when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST NOGUERAS, DEBRA 10435 SW 92 STREET MIAMI FL 33176	■ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NOGUERAS, JOSEPH 10435 SW 92 STREET MIAMI FL 33176	☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP