

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

**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90050 046 \*\*\*150.00

12R189R AV

**DOCUMENT # P94000036294**

1. Entity Name  
**DESCO INTERNATIONAL CO., INC.**



Principal Place of Business  
**8346 N.W. STH RIVER DRIVE  
MEDLEY FL 33166  
US**

Mailing Address  
**8346 N.W. STH RIVER DRIVE  
MEDLEY FL 33166  
US**



2. Principal Place of Business  
**8356 NW South River Dr.**

3. Mailing Address  
**8356 NW South River Dr.**

Suite, Apt. #, etc.  
**Suite B**

Suite, Apt. #, etc.  
**Suite B**

City & State  
**Medley, Florida**

City & State  
**Medley, Florida**

Zip Country  
**33166 USA**

Zip Country  
**33166 USA**

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0490721**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

~~CRESPO, ALEJANDRO A~~  
**9260 S.W. 72ND ST.  
SUITE #117  
MIAMI FL 33173**

**7. Name and Address of New Registered Agent**

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

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  Delete  
NAME **PD DE SALES, EUSEBIO**  
STREET ADDRESS **8346 NW S RIVER BAY N**  
CITY-ST-ZIP **MEDLEY FL**

TITLE  Change  Addition  
NAME **PD DE SALES, EUSEBIO**  
STREET ADDRESS **8356 NW South River Dr. Suite B**  
CITY-ST-ZIP **Medley, FL 33166**

TITLE  Delete  
NAME **SD DE SALES, EUSEBIO**  
STREET ADDRESS **8346 NW S RIVER DR BAY N**  
CITY-ST-ZIP **MEDLEY FL**

TITLE  Change  Addition  
NAME **SD DE SALES, EUSEBIO**  
STREET ADDRESS **8356 NW South River Dr. Suite B**  
CITY-ST-ZIP **Medley, FL 33166**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME **M CARLOS DE SALES**  
STREET ADDRESS **8356 NW South River Dr. Suite B**  
CITY-ST-ZIP **Medley, FL 33166**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME **D Soledad de Sales**  
STREET ADDRESS **8356 NW South River Dr. Suite B**  
CITY-ST-ZIP **Medley, FL 33166**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  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: **SIGNATURE SECURED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **03/31/03**

Daytime Phone # **(305) 888-9179**

CR2E034 (10/02)