

AMMENDED

FOR PRO...
UNIFORM BUSINESS CORPORATION

FILED
Jun 13, 2002 8:0
Secretary of Stat

DOCUMENT #
1. Entity Name
Pembroke Page, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8913 Taft St.
Suite, Apt. #, etc.

3. Mailing Address
8913 Taft St.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Pembroke Pine, FL
Zip
33024

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Zip
33024

4. FEI Number
1050531894
Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Ana Maria Cabrera
Street Address (P.O. Box Number is Not Acceptable)
14022 Rosewood Road
City
Miami Lakes, FL
Zip Code
33014

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.

SIGNATURE
Ana Maria Cabrera Ana Maria Cabrera 5/16/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.)
President

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$350.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Ana Maria Cabrera 14022 Rosewood Rd Miami Lakes, FL 33014
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V-President Luis Perera 101 E. 61 St Hialeah, FL 33013
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DO NOT WRITE IN THIS SPACE

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Ana Maria Cabrera Ana Maria Cabrera 5/16/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
305-823-0915

CR2E034B (12/01)