
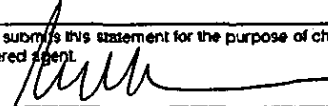
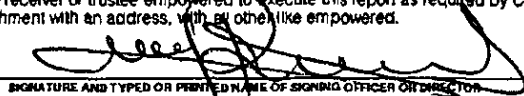


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

9/2.

FILED
Sep 19, 2003 8:00 am
Secretary of State

09-02-2003 90181 045 ***550.00

DOCUMENT # P97000065091			
1. Entity Name ESPINAR, INC.			
Principal Place of Business 6860 W. HWY. 329 REDDICK, FL 32686		Mailing Address P.O. BOX 1010 FAIRFIELD, FL 32634-1010	
2. Principal Place of Business		3. Mailing Address 25 S.E. 2nd Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 900	
City & State		City & State Miami, FL. 33131	
Zip		Zip 33131	
Country		Country Dade	
4. FEI Number 59-3459289		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SHELFER, BRUCE A 6860 W. HWY. 329 REDDICK, FL 32686		Name Rene V. Murai	
		Street Address (P.O. Box Number is Not Acceptable) 25 S.E. 2nd Avenue	
		Suite 900	
		City Miami	
		FL 33131	
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 		Rene V. Murai	
		8/26/03	
SIGNATURE, typed or printed name of signor and agent and title if applicable.		(NOTE: Registered Agent signature required when registering)	
DATE		DATE	
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 NAME STREET ADDRESS CITY-ST-ZIP	PVST SHELFER, BRUCE A 6860 W. HWY. 329 REDDICK, FL 32686 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir., Pres., & Assist. Sec. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jose Ortiz 25 S.E. 2nd Ave., Suite 900 Miami, FL. 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHELFER, BRUCE A 6860 W. HWY. 329 REDDICK, FL 32686 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P., Secretary & Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Rachid Moutouss 6860 W. Hwy. 329 Reddick, FL. 32686
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: 		08/28/03 (352) 591-1299	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
Rachid Moutouss, Vice President		Duration Phone #	

CR2E034 (1/01/02)