

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

3/1

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

03-13-2003 90082 030 ***150.00

DOCUMENT # P98000025963

1. Entity Name
MITBRY CORPORATION



Principal Place of Business
**157 DRENNEN ROAD
ORLANDO FL 32806**

Mailing Address
**157 DRENNEN ROAD
ORLANDO FL 32806**

00096161



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-3502856**

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUIZ, ALBERTO
5637 BLUE SHADOW COURT
ORLANDO FL 32811**

Name **Alberto Ruiz**
Street Address (P.O. Box Number is Not Acceptable)
2769 PARK ROYAL DRIVE

City **WINDERMERE** FL Zip Code **34786**

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 *Alberto Ruiz*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **3/11/03**

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 **P** Delete
NAME **RUIZ, ALBERTO B**
STREET ADDRESS **5637 BLUE SHADOWS COURT**
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE **PRESIDENT** Change Addition
NAME **Alberto Ruiz**
STREET ADDRESS **2769 PARK ROYAL DRIVE**
CITY-ST-ZIP **WINDERMERE, FL. 34786**

TITLE **VICE PRESIDENT** Delete
NAME **Ruiz, Mitchell B.**
STREET ADDRESS **2769 PARK ROYAL DR.**
CITY-ST-ZIP **WINDERMERE, FL. 34786**

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

TITLE **MANAGER** Delete
NAME **RUIZ, BRYANT**
STREET ADDRESS **2769 PARK ROYAL DRIVE**
CITY-ST-ZIP **WINDERMERE, FL. 34786**

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

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 addressee, with all other like empowered.

SIGNATURE: *Alberto Ruiz* **REQUIRED** *Alberto Ruiz* **3/11/03** **(407) 8517048**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)