FILED Jan 23, 2003 8:00 am Secretary of State

01-23-2003 90132 005 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000029970

1. Entity Name

SALAZAR, SANTIAGO & VILLEGAS, P.A.



STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33146 CITY-ST-ZIP TITLE NAME SANTIAGO, CARLOS STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33146 CITY-ST-ZIP TITLE SANTIAGO, CARLOS STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33146 CITY-ST-ZIP TITLE SANTIAGO, CARLOS STREET ADDRESS CITY-ST-ZIP TITLE SANTIAGO, CARLOS STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME SABATES, BRAULIO STREET ADDRESS CITY-ST-ZIP TITLE MAME SABATES, BRAULIO STREET ADDRESS CITY-ST-ZIP MIAMI FL 33146 CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE CHange Addition Addition Addition Addition TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE CHANGE Addition Addition Addition Addition Addition Addition Change Addition Addition Addition Addition Addition Addition Addition Addition Change Addition		, or the total of	, .,									
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Egrate Open and Address of Current Registered Agent COBER CORPORATE AGENTS INC COBER CORPORATE AGENTS INC Sheet Address of Name and Address of Name Registered Agent Name COBER CORPORATE AGENTS INC Sheet Address of PO. Box Number is Not Acceptable) Sheet Address of PO. Box Number is Not Acceptable) CITY FL Zip Code 6. 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 tamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am tamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am tamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am tamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am tamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am tamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am tamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am tamiliar with, and accept the obligation of registered agent, or both, in the State of Florida. I am tamiliar with, and accept the obligation of registered agent, or both, in the State of Florida. I am tamiliar with, and accept the obligation of registered agent, or both, in the State of Florida. I am tamiliar with, and accept the obligation of registered agent, or both, in the State of Florida. I am tamiliar with, and accept the obligation of registered agent, or both, in the State of Florida. I am tamiliar with, and accept the obligation of registered agent, or both, in the State of Florida. I am tamiliar with, and accept the obligation of registered agent, or both, in the State of Florida. I am tamiliar with, and accept the obligation of registered agent, or both, in the State of Florida. I am tamiliar with, and accept the obligatio	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES						
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6. 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 or stress agent of registered agent agent or stress agent or stre		-		Street Address			(P.O. Box Number is Not Acceptable)					1
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indicated on this report or supplemental report is frue 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 of 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 the rike empowered.

SIGNATURE:

SIGNATURE AND TYPED OR