

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91888 023 ***150.00

0009428 AT

DOCUMENT # P98000093466
1. Entity Name
THE RIDGES INVESTMENT GROUP, INC.



Principal Place of Business: 10691 NORTH KENDALL DRIVE #201 MIAMI FL 33176
Mailing Address: 10691 NORTH KENDALL DRIVE #201 MIAMI FL 33176

11040478



2. Principal Place of Business: 1820 N. CORPORATE LAKES Boulevard Ste # 104 WESTON FL 33326
3. Mailing Address: 1820 N. CORPORATE LAKES Boulevard Ste # 104 WESTON FL 33326

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent: PESTANO, BRUCE A 1812 VICTORIA POINTE CR WESTON FL 33327

4. FEI Number: 65-0898478
5. Certificate of Status Desired: \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent: Name, Street Address, City, State (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: _____ (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

TITLE	PD	<input type="checkbox"/> Delete
NAME	PESTANO, BRUCE T	
STREET ADDRESS	1812 VICTORIA POINTE CR	
CITY-ST-ZIP	WESTON FL 33327	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	LEINDO, JESUS A	
STREET ADDRESS	1806 VICTORIA POINTE CR	
CITY-ST-ZIP	WESTON FL 33327	
TITLE	S	<input type="checkbox"/> Delete
NAME	MATHURA, FAZAL	
STREET ADDRESS	4466 BLOSSOM LN	
CITY-ST-ZIP	WESTON FL 33331	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)