

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


FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90387 046 ***150.00

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DOCUMENT # S84250

1. Entity Name
SHOPFINDERS, INC.



Principal Place of Business
**615 BRICKELL KEY DRIVE
BAY "G"
MIAMI FL 33131
US**

Mailing Address
**615 BRICKELL KEY DRIVE
BAY "G"
MIAMI FL 33131
US**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
615 Brickell Key Drive
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33131

Country

4. FEI Number
65-0289681

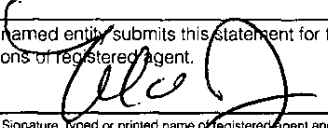
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**DIAZ, RAYMOND
16750 S.W. 87TH COURT
MIAMI FL 33157**

7. Name and Address of New Registered Agent
Name
MARTHA DAJER
Street Address (P.O. Box Number is Not Acceptable)
615 BRICKELL KEY DR
City
MIAMI FL Zip Code
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  **MARTHA DAJER** DATE **4/28/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 - NAME - STREET ADDRESS - CITY - ST - ZIP	P DIAZ, RAYMOND 615 BRICKELL KEY DRIVE MIAMI FL <input checked="" type="checkbox"/> Delete
TITLE - NAME - STREET ADDRESS - CITY - ST - ZIP	VP DAJER, MARTHA 615 BRICKELL KEY DRIVE MIAMI FL <input type="checkbox"/> Delete
TITLE - NAME - STREET ADDRESS - CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE - NAME - STREET ADDRESS - CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE - NAME - STREET ADDRESS - CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE - NAME - STREET ADDRESS - CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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)(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:  **M. DAJER** DATE **4/28/03** DAYTIME PHONE # **305-710-0974**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)