

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

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

0231966 AV

04-18-2003 90162 012 \*\*\*150.00

**DOCUMENT # V25566**

1. Entity Name  
**HERSH . VITALINI . CORAZZINI, P.A.**



Principal Place of Business <b>300 ARGON AVENUE SUITE 330 CORAL GABLES FL 33134 US</b>	Mailing Address <b>300 ARGON AVENUE SUITE 330 CORAL GABLES FL 33134 US</b>
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2. Principal Place of Business <b>300 Aragon Ave.</b> Suite, Apt. #, etc. <b>Suite 330</b> City & State <b>Coral Gables, Fl.</b>	3. Mailing Address <b>300 Aragon Ave.</b> Suite, Apt. #, etc. <b>Suite 330</b> City & State <b>Coral Gables, Fl.</b>
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CHECK HERE IF MAKING CHANGES

Zip <b>33134</b>	Country <b>USA</b>	Zip <b>33134</b>	Country <b>USA</b>
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4. FEI Number <b>65-0324695</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**CORAZZINI, PABLO  
1901 BRICKELL AVE  
#1005  
MIAMI FL 33129**

7. Name and Address of New Registered Agent  
Name  
**Pablo Corazzini**  
Street Address (P.O. Box Number is Not Acceptable)  
**1865 Brickell Ave.**  
Apt. # A - 1814  
City  
**Miami,** FL Zip Code  
**33129**

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 **Pablo Corazzini**  
Managing Member  
DATE **4-15-03**

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CORAZZINI, PABLO</b> <b>1901 BRICKELL AVE- #1005</b> <b>MIAMI FL 33129</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VITALINI, LUIGI</b> <b>1901 BRICKELL AVE- #1005</b> <b>MIAMI. FL 33129</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BURTON, HERSH</b> <b>1901 BRICKELL AVE- #1005</b> <b>MIAMI FL 33129</b> <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	<b>D</b> <b>Pablo Corazzini</b> <b>1865 Brickell Ave., A-1814</b> <b>Miami, Fl. 33129</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Luigi Vitalini</b> <b>6925 SW 63rd Ct.</b> <b>S. Miami, Fl. 33143</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Burton Hersh</b> <b>7130 Laurel Lane</b> <b>Miami Lakes, Fl. 33014</b> <input checked="" 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 recipient of a trust 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: **Pablo Corazzini**  
Managing Member  
Date **4-15-03** Daytime Phone # **305-567-0602**

CR2E034 (10/02)