

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

FILED
Aug 25, 2002 8:00 am
Secretary of State

05-21-2002 90878 043 ***150.00

DOCUMENT # P01000087408
1. Entity Name
INVERTRAN CORP. ✓

DO NOT WRITE IN THIS SPACE

42030

2. Principal Place of Business
5901 NW 151 ST
Suite, Apt. #, etc.
SUITE 102
City & State
MIAMI LAKES, FL
Zip
33014
Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

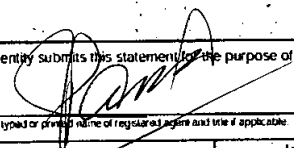
DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1139064
Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent
Name
JUDY PARRA
Street Address (P.O. Box Number is Not Acceptable)
18255 NW 73 AVE
303
City
MIAMI FL Zip Code
33015

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, for both, in the State of Florida.
SIGNATURE  DATE 8/3/2002
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$350.00 Amended UBR is \$61.25 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JUDY PARRA MAGO 18255 NW 73 VAE. # 303 MIAMI, FL 33014	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LUIS H. PARRA 18255 NW 73 AVE. # 303 MIAMI, FL 33014	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with or without other like empowered.

SIGNATURE:  JUDY PARRA 04-29-02 305-592-0394
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

42030

PO1000087408

INVERTRAN CORP
5901 N.W. 151th Street
Suite 102
Miami Lakes, Fl. 33014

August 3, 2.002

**Florida Department of State
Uniform Business Report Department
Divisions of Corporations
P.O. Box 6327
Tallahassee, Florida 32314**

Dear Sirs,

Unfortunately I was on a business trip when this letter was received. Please accept my apologies for not sending this form on time. I am sending the completed form for your records. I hope you can proceed and file this form as appropriate.

Thank-you-very-much-for-your help.

Regards,


Judy Parra
President