2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

G87372 DOCUMENT

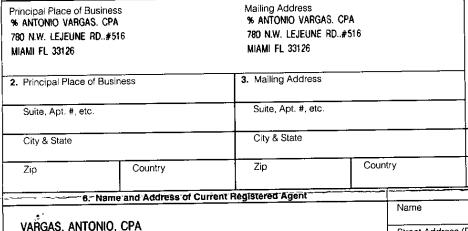
VARGAS, PIEDRA & CO., CPAS, P.A.



FILED Feb 13, 2003 8:00 am Secretary of State

02-13-2003 90271 014 ***158.75

DOCOMENT	π	40101	•
1. Entity Name			
MADOAO DIEDDA	0 ^^	CDAG DA	



z. Principai Pia	ace of Business	3. Walling Addiess		,		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State)	City & State		4. FEI Number 59-2371497 Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name and Address of Currer	nt Registered Agent		7. Name and Address of New Registered Agent		
	D. Hame and Address C. Carre	<u> </u>	Name			
VARGAS, ANTONIO, CPA 780 N.W. LEJEUNE RD.,#516			Street Addr	Street Address (P.O. Box Number is Not Acceptable)		
MIAM FL	33126		City	FL Zip Code		
the obligati	ions of registered agent.		registered office or registered office or registered Agent signature r	gistered agent, or both, in the State of Florida. I am familiar with, and accept equired when reinstating)		
F After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.0 c Payable to Florida Department	0		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		
10.	OFFICERS AN	ID DIRECTORS	11,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VARGAS, ANTONIO 780 NW LEJEUNE RD,#516 MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY_ST-ZIP	D PIEDRA, AURELIO 780 NW LEJEUNE RD,#516 MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	. Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
			TITLE	☐ Change ☐ 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 provide 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 a true and provide this report as required by Chapter 607.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Daytime Phone #