FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT	
DOCUMENT # PO 1000120362	
Ecole USA, Inc.	O3 FEB 12 AM 8: 57 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SP	- A Market - 「
2. Principal Place of Business 3. Mailing Address 4. Mailing Address 4. Mailing Address 4. Mailing Address 5. Mailing Address 6. Mailing Addres	1 Par 1 DO NOT WRITE IN THIS SPACE
City & State City & State Contact	da 4. FEI Number 0567233 Applied For Not Applicable
Zip 33441 Country Zip 33441	Country 5. Certificate of Status Desired 5. Certificate of Status Desired Fee Required
3344	7. Name and Address of Current Registered Agent
Name M	
DO NOT WRITE Luncon Clo Pac Z_ Street Address (P.O. Box Number is Not Acceptable)	
IN THIS SPACE	130 NE 4th AUC.
	City Deerfield Beach FL Zip Code, 41
3. The above named entity submits this statement for the purpose of changing its re	egistered office or registered agent, or both, in the State of Florida.
SIGNATURE Signature, speed or primed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
9. This corporation is eligible to satisfy its Intangible Tax (iling requirement and elects to do so (See criteria on back) January 1: May 1: Fee is \$150.00 After May 1: Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	
11. OFFICERS AND DIRECTORS	
HAME Mauricio Pale	TITLE NAME
CITY-ST-ZIP Deorfulta Beach, FL. 33441	STREET ADDRESS CITY-ST-ZIP
NAME STREET ADDRESS	TITLE NAME BDDD12332898 STREET ADDRESS 02/12/0301/01701/3 **300.00
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13. 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 11 or on an attachment with an address, with all other like empowered.	
SIGNATURE:	26/03
SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OF	OR DIRECTOR Date Daytime Phone ■

ECOLE USA, Inc.
130 N.E. 4TH Avenue
Deerfield Beach
Florida
33441

February 7th, 2003

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The Department of State Division of Corporations Tallahassee Florida

Dear Sirs:

RE: ECOLE USA, INC. P01000120362

We changed our address in December 2001 and filled out the relevant address change forms at the post office.

However, we never received the Annual Corporate Renewal form through the mail and only after our CPA asked us this month if we had paid the bill did we realize that the payment had not been made. We would appreciate it if you would accept the enclosed check for \$ 300.00, which will include the fee for 2003 and also abate the penalty.

We apologize for any inconvenience caused.

Sincerely,

M. Paez (Pres)