2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M98381

Entity Name: AMBRO, INC.

FILED Apr 06, 2003 Secretary of State

10021 SW 145 PL MIAMI, FL 33186

Current Mailing Address: New Mailing Address:

10021 SW 145 PL MIAMI, FL 33186

FEI Number: 65-0266641 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 DOWELL,MARIE ELSIE
 AMEDEE, EMILE P.

 11321 SW 152 PL
 15834 SW 60 TERRACE

 MIAMI, FL 33196 US
 MIAMI, FL 33193 US

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.

SIGNATURE: EMILE P. AMEDEE 04/06/2003

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

Name:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

D () Delete Title: D (X) Change () Addition
AMEDEE, PIERRE EMILE,
AMEDEE, EMILE P
6834 SW 127TH PLACE Address: 15834 SW 60TH TERRACE

Address: 6834 SW 127TH PLACE Address: 15834 SW 60TH TERRACI City-St-Zip: MIAMI, FL 33183 City-St-Zip: MIAMI, FL 33193

Title: D () Delete Title: D (X) Change () Addition Name: PRESSOIR. CLARENS Name: AMEDEE.GERARD EMILE.

 Name:
 PRESSOIR, CLARENS
 Name:
 AMEDEE,GERARD EMILE,

 Address:
 10021 SW 145TH PLACE
 Address:
 10021 SW 145TH PLACE

 City-St-Zip:
 MIAMI, FL 33186
 City-St-Zip:
 MIAMI, FL 33186

Title: D () Delete Title: D (X) Change () Addition

 Name:
 HERAUX, MARTINE
 Name:
 DOWELL, MARIE

 Address:
 10021 SW 145TH PLACE
 Address:
 11321 SW 152ND PLACE

 City-St-Zip:
 MIAMI, FL 33186
 City-St-Zip:
 MIAMI, FL 33196

Title: () Delete Title: D () Change (X) Addition

 Name:
 Name:
 DECRUMPE, EDWIGE

 Address:
 Address:
 10021 SW 145TH PLACE

 City-St-Zip:
 City-St-Zip:
 MIAMI, FL 33186

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EMILE P. AMEDEE D 04/06/2003