

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90166 036 ***150.00

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

10061265

DOCUMENT # F01000002273 1. Entity Name MW NETWORK, INC.					
Principal Place of Business 8350 N.W. 52ND TERRACE STE 407 MIAMI, FL 33166		Mailing Address 8350 N.W. 52ND TERRACE STE 407 MIAMI, FL 33166			
2. Principal Place of Business 1000 BRICKELL AVE. Suite, Apt. #, etc. 215		3. Mailing Address 1000 BRICKELL AVE. Suite, Apt. #, etc. 215			
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 65-1091814	
Zip 33131		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RICARDO A. GONZALEZ & ASSOCIATES, P.A. 7270 N.W. 12TH STREET, P.H. 9 MIAMI, FL 33126				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when filing.)					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICARDO ALARCON, PABLO B DOM. MANOLETE NO. 9, LOMAS DE SOTELO C.P. NAUCALPAN, EDO. DE MEXICO,	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD V S T ALBERTO J. ESCALONA 1000 BRICKELL AVE. SUITE 215 MIAMI, FL. 33131	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO VINAY, MARCEL PRO. BOS. DE REF. 200, CASA 120 LA PUNTA, MEXICO CITY, MEXICO,	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBERTO J. ESCALONA 1000 BRICKELL AVE. SUITE 215 MIAMI, FL. 33131	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO HERNANDEZ, WILFREDO 8350 N.W. 52ND TERRACE, STE. 407 MIAMI, FL 33166	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HERNANDEZ, WILFREDO 8350 N.W. 52ND TERRACE, STE. 407 MIAMI, FL 33166	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ROBERTO VINAY, MARCEL SR. JULIAN ADAME 114, CASA 7, EL MOLINO MEXICO CITY, MEXICO,	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALES, RICARDO A 7270 N.W. 12TH STREET, PH-9 MIAMI, FL 33126	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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 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: _____ SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4/4/03 (305) 324-2920 Office Phone #		

CR2EG34 (10/02)