

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 91009 044 ***150.00

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|--|--|--|--|-----------------------------------|--|
| DOCUMENT # P01000089995 1. Entity Name GARSSA ENTERPRISES INC. | | | | | |
| DO NOT WRITE IN THIS SPACE | | | | | |
| 2. Principal Place of Business 2100 PONCE DE LEON BLVD. Suite, Apt. #, etc. SUITE 600 City & State CORAL GABLES, FL Zip Country 33134 USA | | | 3. Mailing Address 2100 PONCE DE LEON BLVD. Suite, Apt. #, etc. SUITE 600 City & State CORAL GABLES, FL Zip Country 33134 USA | | |
| | | | DO NOT WRITE IN THIS SPACE | | |
| 4. FEI Number 65-1136696 | | | Applied For <input type="checkbox"/> Not Applicable | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | |
| DO NOT WRITE IN THIS SPACE | | | 7. Name and Address of Current Registered Agent Name JORGE GURIAN Street Address (P.O. Box Number is Not Acceptable) 2100 PONCE DE LEON BLVD. SUITE 600 City CORAL GABLES FL Zip Code 33134 | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD GARCIA LEON, OCTAVIO 2100 PONCE DE LEON BLVD., #600 CORAL GABLES, FL 33134 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD SOSSA, SANDRA 2100 PONCE DE LEON BLVD., #600 CORAL GABLES, FL 33134 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
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| 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 on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: | | | OCTAVIO GARCIA LEON | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |