
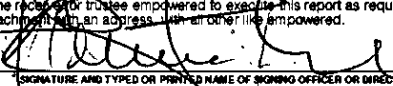


**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

05-12-2003 90206 021 \*\*\*150.00

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

<b>DOCUMENT # P01000027923</b>					
1. Entity Name <b>PAS INSTALLATIONS, INC.</b>					
Principal Place of Business <b>14963 OLD POINTE RD. TAMPA, FL 33613</b>			Mailing Address <b>14963 OLD POINTE RD. TAMPA, FL 33613</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent <b>SERNA, PEDRO 14963 OLD POINTE RD. TAMPA, FL 33613</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent's signature required when changing) Signature, typed or printed name of registered agent and title if applicable DATE					
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SERNER, PEDRO</b>		NAME	<b>SERNA, Pedro</b>	
STREET ADDRESS	<b>14963 OLD POINT ROAD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TAMPA, FL 33613</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 supporting 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 registered agent 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, title and other like empowered.					
SIGNATURE: 			Date _____ Daytime Phone # _____		

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DOT000027923

**PAS INSTALLATIONS,  
INC**

14963 Old Point Rd  
Tampa, FL 33613

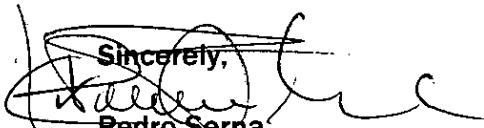
May 9, 2003

**Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**

**Re: Annual Report Fees**

**Per our conversation I am including the fee of \$150.00 for the Annual report. I did not receive my annual business report This is the first year this happened.**

**Thank you, for your services.**

Sincerely,  
  
Pedro Serna  
Officer