

FILED
Sep 30, 2002 8:00 am
Secretary of State

FROM: DAVID C FINE CPA

FAX NO. 305 698 9912

09-30-2002 90178 021 ****88.75
 09-22-2002 90058 026 ****61.25

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

DOCUMENT # **370254**
 1. Entity Name
AWARD MAKER, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
800 NE 125TH STREET
 Suite, Apt. #, etc.

3. Mailing Address
800 NE 125TH STREET
 Suite, Apt. #, etc.

City & State
N. MIAMI BCH., FLORIDA

City & State
N. MIAMI BCH., FLORIDA

Zip
33161

Country
USA

Zip
33161

Country
USA

DO NOT WRITE IN THIS SPACE

A. F. Number
59-1364152

Applied For
 Not Applicable

B. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
CARMEN M. GOODING

Street Address (P.O. Box Number is Not Acceptable)
465 NE 109TH STREET

City
NORTH MIAM.

FL Zip Code
33161

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.

SIGNATURE *[Signature]* DATE **9/20/02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C CARMEN M. GOODING 465 NE 109TH STREET NORTH MIAMI, FL 33161	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RICHARD D. SHAPIRO 12220 SW 101 AVENUE MIAMI, FLORIDA 33176	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V RAFAEL CRESPO 1361-SW-151ST-WAY SUNRISE, FLORIDA 33325	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/S SHANE RASCHE 525 NE 132ND TERRACE NORTH MIAMI, FLORIDA 33181	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(l), 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 807, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **RAFAEL CRESPO** **9-20-02** **(305) 893-8081**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #