


**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

ΔΙΔΑΚΤΕΑ ΜΑΘΗΜΑΤΑ

DOCUMENT #406151

1. Entity Name  
VESMA INCORPORATED



Principal Place of Business  
8955 SW 75 ST  
MIAMI FL 33173

Mailing Address  
8955 SW 75 ST  
MIAMI FL 33173

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
ZipCountry

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
ZipCountry

4. FEI Number  
59-1440080

Applied For  
Not Applicable

5. Certificate of Status Desired

8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
LEDESMA, MANUAL  
8955 SW 75 ST  
MIAMI FL 33173

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
CityFLZip 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  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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. 5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS  
TITLE PD  
NAME LEDESMA,MANUEL I.  
STREET ADDRESS 8955 SW 75 ST  
CITY-ST-ZIP MIAMI FL  
TITLE ST  
NAME SANTIS-LEDAESNA, YOLANDA  
STREET ADDRESS 8955 SW 75 ST  
CITY-ST-ZIP MIAMI FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE  
NAME  
STREET ADDRESS  
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 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 another like empowered.

SIGNATURE: [Signature] MANUEL I LEDESMA 8/24/03 592 4178