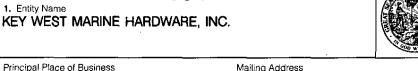
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

453471 DOCUMENT #





FILED
Apr 18, 2003 8:00 am
Secretary of State
04-18-2003 90199 012 ***150 00

			GOD WE T		
Principal Place of Business 818 CAROLINE STREET KEY WEST FL 33040		Mailing Address 818 CAROLINE STREET KEY WEST FL 33040			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHÉCK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 59-1541714 Applied For Not Applicable	
. Zip	Country	Zip	Country	5. Certificate of Status Desired	
6. Name and Address of Current Registered Agent		nt Registered Agent		7. Name and Address of New Registered Agent	
			Name		
GARRIDO, HUMBERTO J				dress (P.O. Box Number is Not Acceptable)	
818 CAROLINE STREET KEY WEST FL 33040				·	
ner weg	. 72 555.0		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 .	Signature, typed or printed name of registered age	ent 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 \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.	OFFICERS AN	ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VS .	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	GARRIDO, HUMBERTO 818 CAROLINE STREET KEY WEST, FL 33040	, the	NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT GARRIDO, HUMBERTO J. 818 CAROLINE STREET KEY WEST, FL 33040	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ल क्च झर्रे ०	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADORESS ACITY: ST. ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS: CITY- ST-ZIP		□ Delete	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: