


FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Aug 05, 2003 8:00 A.M Secretary of State

DOCUMENT # 476006	
1. Entity Name Project Advisers Corp.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7001 SW 61 Avenue	3. Mailing Address P.O. Box 432050
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Miami, Florida	City & State Miami, Florida	4. FEI Number 59-1699264	Applied For <input type="checkbox"/> Not Applicable
Zip 3314	Country USA	Zip 33143	Country USA

DO NOT WRITE IN THIS SPACE	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
	7. Name and Address of Current Registered Agent	
	Name Nicholas Barbella	
	Street Address (P.O. Box Number is Not Acceptable) 7001 SW 61 Avenue	
City Miami		FL Zip Code 33143

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 fee if applicable. (NOTE: Registered Agent signature required when filing.) DATE

January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$8125 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
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EXO Murphy, Linda 7001 SW 61 Avenue, Miami, Florida 33143	TITLE NAME STREET ADDRESS CITY - ST - ZIP	100022165611 08/08/03--01036--002 **558.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST Murphy, Linda 7001 SW 61 Avenue, Miami, Florida 33143	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V Barbella, Nicholas J. 7001 SW 61 Avenue, Miami, Florida 33143	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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	

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: *Linda F. Murphy* 8/6/2003 305-266-5920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CRZE034B (12/02)