




2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

05-01-2003 90364 038 ***150.00

DOCUMENT # 495327					
1. Entity Name ASTRAN, INC.					
Principal Place of Business 2 S. BISCAYNE BLVD. ONE BISCAYNE TOWER, SUITE 3400 MIAMI FL 33131-1809			Mailing Address 2 S. BISCAYNE BLVD. ONE BISCAYNE TOWER, SUITE 3400 MIAMI FL 33131-1809		
2. Principal Place of Business 1200 Brickell Avenue Suite, Apt. #, etc. Suite 1440 City & State Miami, FL Zip 33131		3. Mailing Address 1200 Brickell Avenue Suite, Apt. #, etc. Suite 1440 City & State Miami, FL Zip 33131		4. FEI Number 59-1704172 Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VALDES-FAULI CORPORATE SERVICES INC 2 S. BISCAYNE BLVD. ONE BISCAYNE TOWER, SUITE 3400 MIAMI FL 33131			7. Name and Address of New Registered Agent Name Manuel J. Ramirez Street Address (P.O. Box Number is Not Acceptable) 1200 BRICKELL AVE SUITE 1440 City MIAMI FL Zip Code 33131		
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  DATE 5/22/03 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	SD NAVARRO, MARIA V 784 RIDGEWOOD DR KEY BISCAYNE, FL 0 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD NAVARRO, RENE 784 RIDGEWOOD DR KEY BISCAYNE, FL 0 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/25/03 305 597 0064 <small>Daytime Phone</small>		

CR2E034 (10/02)