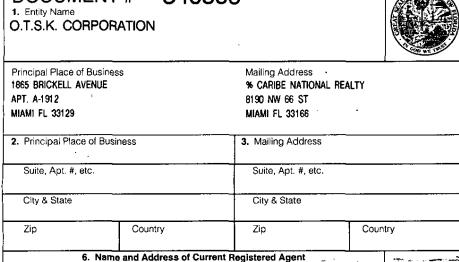
## **FILED** Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90372 030 \*\*\*150.00

## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

540566 DOCUMENT #



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( 10010) dien grant pater Bills		

☐ CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number 59-1749082 Not Applicable \$8.75 Additional 5. Certificate of Status Desired .7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 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

	ILE NOWILL EEE IS \$150.00					
	Signature, typed or printed name of registered agent and title if app	xicable. (NOTE: Regist	(NOTE: Registered Agent signature required when reinstating)		DATE	
SIGNATURE .						
the congai	tions of registered agent.					

Name

City

After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10.

VALDES, FRANCISCO J

8190 NW 66 ST MIAMI FL 33166

> 9. Election Campaign Financing Trust Fund Contribution.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

\$5.00 May Be Added to Fees

TITLE TITLE ☐ Change ☐ Addition ☐ Delete KRUGER, SUSIE ALGELT NAME NAME STREET ADDRESS 1865 BRICKELL AVENUE, #A-1912 STREET ADDRESS **MIAMI FL 33129** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - Change ☐ Addition TITLE Delete -TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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

