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

1. Entity Nam		94736	-				<b>ecretary</b> 04-03-2003 90147 (		
Principal Place of Business 3100 NW 72 AVE #103 MIAMI FL 33122-1335			Mailing Address 3100 NW 72 AVE., #103 MIAMI FL 33122-1335						
2. Principal P	lace of Business	3. Mai	3. Mailing Address				<b>.                                      </b>		<b>                                    </b>
Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKIN	NG CHANGES	
City & State	e .	City	City & State			4. FEI Number 59-1877662 Applied For Not Applicable			
Zip	Country		Zip Cou		try	5. Certificate of Status Desired			
_6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
ACUNA, ANDRES RAMIRO					Name Street Address (P.O. Box Number is Not Acceptable)				
13361 SW MIAMI FL			Street Address (	P.O. Box Number is					
MIMMILE	33 104				City		<u></u>	Zip Code	е
	named entity submits this stations of registered agent.	atement for the purp	ose of changing its	registere	ed office or register	ed agent, or both, in	n the State of Florida. I ar	n familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of reg	istered agent and title if ann	licable (NOT	F Benistere	d Agent signature required	When reinstating)	DATE		
F	ILE NOW!!! FEE IS \$15		(100						
Afte	r May 1, 2003 Fee will be c Payable to Florida Depa	\$550.00					on Campaign Financing Fund Contribution.		<b>0</b> May Be I to Fees
10.	OFFIC	ERS AND DIRECTO	RS	11.		ADDITIONS/CH	ANGES TO OFFICERS AI	ND DIRECTORS	S IN 11
TITLE	SD		☐ Delete	TITLE				☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	ACUNA, JUDITH 13361 SW 6TH ST. MIAMI, FLORIDA 3				E ET ADDRESS -ST-ZIP				
TITLE	PTD		☐ Delete	TITLE	:			☐ Change	Addition
NAME	ACUNA, ANDRES RAMIF	RO		NAM	l l				
STREET ADDRESS CITY-ST-ZIP	13361 SW 6TH ST. MIAMI, FLORIDA 3				ET ADDRESS -ST-ZIP				
TITLE	INIDAM, FLORIDA 3		☐ Delete	TITLE				☐ Change	☐ Addition
NAME	a terms of the second	•	Delete	NAM		_		onlings	7.001.101.
STREET ADDRESS					ET ADORESS				}
CITY-ST-ZIP		<u> </u>	☐ Delete		-ST-ZIP			☐ Change	Addition
TITLE NAME			L.J. Délete	TITLE				L_I change	Addition
STREET ADDRESS				STRE	ET ADDRESS				
CITY-ST-ZIP				CITY	-ST-ZIP			<del></del>	
TITLE NAME			☐ Delete	TITLE				☐ Change	☐ Addition
STREET ADDRESS					ET ADDRESS				
CITY-ST-ZIP		1		CITY-	-ST-ZIP				
TITLE			☐ Delete	TITLE				☐ Change	☐ Addition
NAME CTRUET ADDOCCO				NAME	i				ĺ
STREET ADDRESS CITY-ST-ZIP	·				ET ADDRESS - ST- ZIP				}
12. I hereby of indicated of the corp changed.	sertify that the information sur, on this report or supplement operation or the receiver or tru or on an attachment with an	oplied with this filing al report is true and stee empowered to andress, with moth	does not qualify for accurate and that n execute this report er like impowered.	r the exer ny signat as requir	mption stated in Se ure shall have the s ed by Chapter 607	ction 119.07(3)(i), Fame legal effect as Florida Statutes; a	lorida Statutes. I further c if made under oath; that nd that my name appears	ertify that the in I am an officer in Block 10 or	nformation or director Block 11 if
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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with mother like impowered.  SIGNATURE:  SIGNAT									