

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000000104

1. Entity Name
HIGH IMPACT CORP.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 26 PM 2:18

Principal Place of Business Mailing Address
4935 PARK RIDGE BLVD. 4935 PARK RIDGE BLVD.
BOYNTON BEACH FL 33426 BOYNTON BEACH FL 33426

2. Principal Place of Business 3. Mailing Address
10050 N.W. 55 ST. SAME.
Suite, Apt. #, etc. Suite, Apt. #, etc.
SUNRISE, FL. City & State
FL. City & State
Zip 33351 Country SUNRISE Zip 33351 Country USA

REINSTATEMENT

4. FEI Number 65-0951016 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RAYMONO GONZALEZ.
22081 Colony Dr.
Boca Raton, FL 33433

7. Name and Address of New Registered Agent
Name RAYMONO GONZALEZ.
Street 22081 Colony Dr.
City Boca Raton, FL 33433
Zip Code 33433

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.
SIGNATURE [Signature] DATE 10/23/01
(NOTE: Registered agent signature required when reappointing)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State
10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ECHAVARRIA, LUIS FELIPE		NAME	100004679281--7	
STREET ADDRESS	4935 PARK RIDGE BLVD.		STREET ADDRESS	-11/14/01--01085--017	
CITY-ST-ZIP	BOYNTON BEACH FL 33426		CITY-ST-ZIP	****750.00 ****750.00	
TITLE	VC	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUYANA, EDUARDO		NAME		
STREET ADDRESS	4935 PARK RIDGE BLVD.		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33426		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUYANA, DAVID		NAME		
STREET ADDRESS	4935 PARK RIDGE BLVD.		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33426		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ECHAVARRIA, NATALIA		NAME		
STREET ADDRESS	4935 PARK RIDGE BLVD.		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33426		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other information required.

SIGNATURE: SIGNATURE REQUIRED 954-741-6193
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #