

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90085 045 ***150.00

DOCUMENT # F01000006332



1. Entity Name
D.V.V. CONSULTING, INC.

Principal Place of Business
C/O PARR & ASSOCIATES
100 NORTH EAST LOOP 410. SUITE 770
SAN ANTONIO TX 78216

Mailing Address
C/O PARR & ASSOCIATES
100 NORTH EAST LOOP 410. SUITE 770
SAN ANTONIO TX 78216



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **74-2905878**

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **PCD**
STREET ADDRESS **DURAZO, JOAQUIN**
CITY-ST-ZIP **ACATL #381,FRACCIONAMIENTO IND. SAN ANTON. AZCAPOTZALCO, MEXICO, D.F.**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **SD**
STREET ADDRESS **RECINAS, GILBERTO**
CITY-ST-ZIP **VOLADOR 51, DEPT. 101, LOMAS VERDES V SEC. NAUCALPAN EDO. DE MEXICO, CP**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **TD**
STREET ADDRESS **RUIZ, ROBERTO**
CITY-ST-ZIP **AV DE LAS ISLAS #86, COL. ATLANTA, CUAUTITLAN IZCALLI, MEXICO CP**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE Change Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Roberto Ruiz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/02/2003 210-349-4431
Date Daytime Phone #

CR2E034 (10/02)