

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

17

FILED
Feb 17, 2003 8:00 am
Secretary of State

01-21-2003 90181 026 ***150.00

DOCUMENT # F02000001073

1. Entity Name
LAJAT INTERNATIONAL INVESTMENTS, INC.



Principal Place of Business
**202 SOUTH MINNESOTA ST
CARSON CITY NV 89703**

Mailing Address
**221 N. KANSAS, STE 2000
EL PASO TX 89703**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **88-0340006**

Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**FERGUSON, SHEILA
5201 BLUE LAGOON DR., STE 845
MIAMI FL 33126**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD GARZA, LAZARO B CALZADA ZARAGOZA ESQ. INDIGO INDUSTRIAL TORREON, COAHUILA, MEXICO <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GARZA, JOSE B CALZADA ZARAGOZA ESQ. INDIGO INDUSTRIAL TORREON, COAHUILA, MEXICO <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARZA, TOMAS B CALZADA ZARAGOZA ESQ. INDIGO INDUSTRIAL TORREON, COAHUILA, MEXICO <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARZA, ALEJANDRO B CALZADA ZARAGOZA ESQ. INDIGO INDUSTRIAL TORREON, COAHUILA, MEXICO <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DELGADO, HECTOR 221 N. KANSAS STE 2000 EL PASO TX <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT WILKERSON, DAVID L ROUTE 2 CAPP HARLAN ROAD TOMPKINSVILLW KY <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/03 214-523-9008
Date Daytime Phone #

CR2E034 (10/02)