

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

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90174 001 \*\*\*150.00

AV 6107770

**DOCUMENT # F95000003034**



1. Entity Name  
**CRAMIN, INC.**

**22003116**



CHECK HERE IF MAKING CHANGES

Principal Place of Business  
**% JOSEPH M. FILLOY, CPA**  
**100 N. BISCAYNE BLVD. SUITE 700**  
**MIAMI FL 33132**

Mailing Address  
**% JOSEPH M. FILLOY, CPA**  
**100 N. BISCAYNE BLVD. SUITE 700**  
**MIAMI FL 33132**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **52-1483312**

Applied For  
Not Applicable

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

**FILLOY, JOSEPH M CPA**  
**100 N. BISCAYNE BLVD**  
**SUITE 700**  
**MIAMI FL 33132**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PS ALVARO, ESCOBAR CALLE 34 #43-69 MEDELLIN COLOMBIA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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, typed or printed name of signing officer or director

**2/3/03 305-373-7515**  
Date Daytime Phone #

CR2E034 (10/02)