2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT # F95466

1. Entity Name

LA GORCE CORP.



FILED Jan 23, 2003 8:00 am Secretary of State

01-23-2003 90119 003 ***150.00

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Principal Place of Business C/O HERBERT B. NOBLE 4800 DUFFERIN STREET TORONTO ONTARIO CANADA M3H5S-9			C/O 4800	Mailing Address C/O HERBERT B. NOBLE 4800 DUFFERIN STREET TORONTO ONTARIO CANADA M3H5S-9				90009148				
2. Principal Place of Business				3. Mailing Address				1 1081100 1110 1819) Bilit Bibis bir	I s s hii dhan dh	ii bibii bibii i	BIBIT BIBIT 1081	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State				City & State			4. FEI Number 59-225				applied For lot Applicable	
Zip					Coun	5. Certificate of Status		Certificate of Status Desired		8.75 Ad ee Require	Iditional ed	
6. Name and Address of Current F							7. Name and Address of New Registered Agent					_
			Name									
SMITH, HARRY B 701 BRICKELL AVENUE, 19TH FLOOR				Stre			t Address (P.O. Box Number is Not Acceptable)					
MIAMI FL	33131											1
						City			FL	Zip Coo		1
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								9. Election Campaign Fin	~ —		00 May Be	7
Make Check	Payable to	Florida Department o	f State	-				Trust Fund Contribution). Li	Adde	d to Fees	1
10.		OFFICERS AND	DIRECTO	DRS	11.		Ar	DOITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	3S IN 11	┥
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12. I hereby c	ertify that the	information supplied with	this filina	does not qualify for	the exer	notion stated in	Section	119.07(3)(i), Florida Statutes, I	further certi	v that the i	information	1

2. 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 eport 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Daytime Phone #