


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

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90172 007 ***150.00

DOCUMENT # G45643

1. Entity Name
FERTILIZER CORPORATION OF AMERICA



Principal Place of Business
**9370 SUNSET DRIVE
A-240
MIAMI FL 33173
US**

Mailing Address
**% 9370 SUNSET DR., SUITE A240
MIAMI FL 33173**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
9380 Sunset Drive

3. Mailing Address
9380 Sunset Drive

Suite, Apt. #, etc.
B-240

Suite, Apt. #, etc.
Suite B-240

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLA

4. FEI Number
59-2303966

Applied For
 Not Applicable

Zip
33173 Country
USA

Zip
33173 Country
USA

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

6. Name and Address of Current Registered Agent

**DAVID CHRISTOPHERSON
9370 SUNSET DRIVE, #A-240
MIAMI FL 33173**

7. Name and Address of New Registered Agent

Name
DAVID CHRISTOPHERSON

Street Address (P.O. Box Number is Not Acceptable)
9380 SUNSET DRIVE, # B-240

City
MIAMI, FL Zip Code
33173

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 **1/27/03**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT CHRISTOPHERSON, DAVID E 6900 SW 126 TERR. MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CHRISTOPHERSON, ANNA M. 6900 SW 126 TERRACE MIAMI FL	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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
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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 empowers.

SIGNATURE: _____ SIGNATURE RECORDED _____ DATE **1/27/03** DAYTIME PHONE # **(305) 595-6738**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)