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

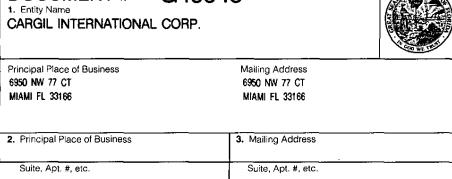
FILED Apr 25, 2003 8:00 am Secretary of State

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CHECK HERE IF MAKING CHANGES

4. FEI Number City & State Country

5. Certificate of Status Desired

Applied For Not Applicable \$8.75 Additional

Fee Required 7. Name and Address of New Registered Agent

GIRALDO, LEYVA J 6950 NW 77 CT MIAMI FL 33166

City & State

Zip

itreet Address (P.O. Box Number is Not Acceptable))	
		Zip Code

59-2379993

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

Country

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD 3R2E034 (10/02) TITLE ☐ Delete TITLE ☐ Addition LEYVA, GIRALDO NAME NAME STREET ADDRESS 6950 NW 77 CT STREET ADDRESS **MIAMI FL 33166** CITY-ST-ZIP CITY-ST-ZIP VSD ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME LEYVA, GIRALDO J STREET ADDRESS 6950 NW 77 CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF MIAMI FL 33166 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME LEYVA, AURELIO STREET ADDRESS 6950 NW 77 CT STREET ADDRESS CITY-ST-ZIP MIAMI FL 33166 CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

AT U TYPED OR PRINTED

Date Daytime Phone #