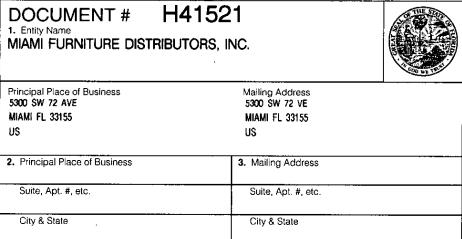
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)



FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91393 005 ***150.00

	,	,							
Principal Place of Business 5300 SW 72 AVE MIAMI FL 33155 US		5300	Mailing Address 5300 SW 72 VE MIAMI FL 33155 US						
2. Principal P	Place of Business	3. Ma	3. Mailing Address				1 100 101 101 101 101 101 101 101 101 101 101 101 101 101 101 101 101 101 		EHRII OFOH IOO
Suite, Apt.	#, etc.	Sui	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & Stat	e ,	City	City & State			4.	FEI Number 59-2490452	ļ <u>.</u>	Applied For
Zip	Country	Zip		Count	try	5.	Certificate of Status Desired	\$8.75 Ac Fee Requir	dditional
	6. Name and Address of Currer	nt Register	ed Agent	-		7.	Name and Address of New Registered	Agent	
					Name				
CHERTA, 5300 SW	LUCRECIA 72 AVE		Street Address			(P.O. Box Number is Not Acceptable)			
MIAMI FL	33155			ľ					,
1				-	City		F	Zip Co	de
8. The above the obligat	named entity submits this statement ions of registered agent.	for the purp	oose of changing its r	egistere	ed office or register	ed ag	gent, or both, in the State of Florida. I an	familiar with	, and accept
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if app	olicable. (NOTE:	Registered	Agent signature required	d when re	reinstating) DATE		
Áfter	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department		(•		9. Election Campaign Financing		DO May Be of to Fees
10,	OFFICERS AN		l DRS	11.		ΑΓ	L DDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHERTA, GERARDO 5300 SW 72 AVE MIAMI FL	5 5 112010	☐ Delete	TITLE NAME STREE		<u> </u>	STITIONO OF INVIDENCE AND	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHERTA, LUCRECIA 5300 SW 72 AVE MIAMI FL	1	☐ Delete	TITLE NAME STREE		,,,,,	<u> </u>	☐ Change	Addition
TITLE* -'.' NAME STREET ADDRESS CITY-ST-ZIP	The second of th	Angelon A	Delete				then the second of the second	F Change	- Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		T ADDRESS ST-ZIP			☐ Change	Addition
ITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	CITY-S	T ADDRESS ST-ZIP		119 07/3V(i) Florida Statutas I further co	☐ Change	Addition

Interest certify that the information supplied with this filling does not quality 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: