

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

DOCUMENT # **K14916**

1. Entity Name  
**MANCHESTER FINANCIAL SERVICES CORPORATION**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**2003** JAN -2 AM 8:01

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2. Principal Place of Business <b>1925 Brickell Ave.</b> Suite, Apt. #, etc. <b>Suite D-202</b> City & State <b>Miami, Fla</b> Zip <b>33129</b> Country <b>U.S.A.</b>	3. Mailing Address <b>1925 Brickell Ave.</b> Suite, Apt. #, etc. <b>Suite D-202</b> City & State <b>Miami, Fla</b> Zip <b>33129</b> Country <b>U.S.A.</b>
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4. FEI Number <b>650096517</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

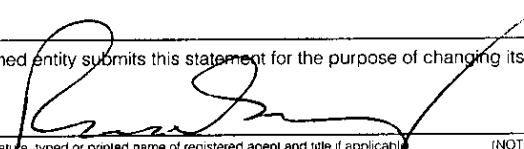
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**7. Name and Address of Current Registered Agent**

Name <b>Ramón Gómez</b>
Street Address (P.O. Box Number is Not Acceptable) <b>782 N.W. 42 Ave. # 447</b>
City <b>Miami</b>
FL Zip Code <b>33126</b>

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.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

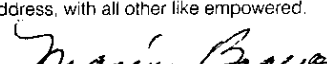
**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>President Fabricio Altamirano 1925 Brickell Ave. Mia, Fl 33129</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Secretary Maria Brouwer 1925 Brickell Ave. Mia, Fl 33129</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Director Salvador Bonilla Sosa 1925 Brickell Ave. Mia, Fl 33129</b>
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>000009600620 12/19/02--01066--009 **150.00</b>
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SECRETARY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12/16/2002** **305-856-1452**  
Date Daytime Phone #

CR2E034B (12/01)