


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

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90176 025 ***150.00

DOCUMENT # K26927	
1. Entity Name OVIMA INTERNATIONAL, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3900 NW 79 AVE	3. Mailing Address 3900 NW 79 AVE
Suite, Apt. #, etc. SUITE # 326	Suite, Apt. #, etc. SUITE # 326
City & State MIAMI FLORIDA	City & State MIAMI FLORIDA
Zip 33166	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0058695	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name LUZ OVIEDO	
Street Address (P.O. Box Number is Not Acceptable) 10025 NW 46TH ST # 104	
City MIAMI	State FL
Zip 33178	

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 	05-06-03
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	<small>DATE</small>

January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OVIEDO, LUZ 10025 NW 46TH APT# 104 MIAMI FLORIDA 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: 	LUZ OVIEDO	05-06-03	(305) 406-2422
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>	

CR2E034B (12/02)