

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2004 8:00 am
Secretary of State

06-04-2004 90272 002 ****50.00

DOCUMENT # L01000019225



1. Entity Name
E-BUYINGPOWER, LLC

Principal Place of Business Mailing Address
14901 SW 4 ST., #13 14901 SW 4 ST., #13
PEMBROKE PINES FL 33027 PEMBROKE PINES FL 33027

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-1152235** Applied For
Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORREA, RAUL A
14901 SW 4 ST., #13
PEMBROKE PINES FL 33027

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE	MGR	<input type="checkbox"/> Delete
NAME	CORREA, JORGE	
STREET ADDRESS	2701 FOREST HILL BLVD #6	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	CORREA, SATO	
STREET ADDRESS	14901 SW 4 ST #13	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	CORREA, RAUL	
STREET ADDRESS	14901 SW 4 ST #13	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CORREA, MATILDE	
STREET ADDRESS	14901 SW 4 ST #13	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CORREA, VICTORIA B	
STREET ADDRESS	800 NW 141 AVE #211	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Raul A Correa* **03/13/04** **9543943760**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)