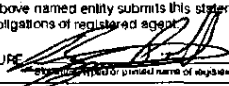


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000002905			
1. Entity Name CENTRAL POINT INTERNATIONAL LLC			
Principal Place of Business 8160 GENEVA COURT APT. 406 MIAMI, FL 33166		Mailing Address 8160 GENEVA COURT APT. 406 MIAMI, FL 33166	
2. Principal Place of Business 6700 NW 114 Ave #938 Suite, Apt. #, etc. Miami, FL		3. Mailing Address 6700 NW 114 Ave #938 Suite, Apt. #, etc. Miami, FL	
City & State 33178 USA		City & State 33178 FL	
Zip		Country	
4. FEI Number 04-3601472		Applied For Not Applicable	
5. Certificate of Status Desired		\$5.00 Additional Fee Required	
5. Name and Address of Current Registered Agent PADILLA, BYRON 6231 GENEVA WAY, APT. 204 MIAMI, FL 33166		7. Name and Address of New Registered Agent Name: Byron Padilla Street Address (P.O. Box Number is Not Acceptable) 6700 NW 114 Ave #938 City: Miami, FL 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: 		DATE: April 22, 2003	
FILE NOW!! FEES \$20.00 Make Check Payable to Florida Department of State Due By May 1, 2003			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CUETARA, LUIS 13300 NW 8TH STRT APT. 406 MIAMI, FL 33182	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CALDERON, BYRON 8160 GENEVA COURT APT. 406 MIAMI, FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 908, Florida Statutes.			
SIGNATURE: 		DATE: April 22, 2003 (766) 251-2359	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone	

CP2EUBS (10/02)

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