

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

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90241 036 ***150.00

DOCUMENT # L 12560

1. Entity Name

Estoril Development Corporation, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

205 150th Ave. f

3. Mailing Address

P.O. Box 8958

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Madeira Beach, FL

City & State

Madeira Beach, FL

4. FEI Number

59-2965880

Applied For

Not Applicable

Zip

33708

Country

USA

Zip

33738

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

John Swisher P.A.

Street Address (P.O. Box Number is Not Acceptable)

669 15th Ave N

City

St. Petersburg

FL

Zip Code

33701

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

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: Director
NAME: Emilio Magafugi
STREET ADDRESS: #120 Calle, Manzana 3, Lote 2
CITY-ST-ZIP: Carretera Federal Cancun-tulum 77580

TITLE:
NAME:
STREET ADDRESS: Puerto Morelos, Quintana Roo
CITY-ST-ZIP: Mexico

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**DO NOT WRITE
IN THIS SPACE**

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:

J. p.o.a

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

DATE

529988710100

Daytime Phone #

CR2E034B (12/01)