

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90143 020 \*\*\*150.00

**DOCUMENT # L45688**

1. Entity Name  
**EL SOL CANVAS AWNINGS CORP.**



Principal Place of Business  
~~EL SOL CANVAS AWNINGS CORP~~  
7557 NW 70TH ST  
MIAMI FL 33166

Mailing Address  
~~EL SOL CANVAS AWNINGS CORP~~  
7557 NW 70TH ST  
MIAMI FL 33166



2. Principal Place of Business  
**EL SOL CANVAS AWNINGS CORP.**

Suite, Apt. #, etc.  
**N57 NW 70 STREET**

City & State  
**MIAMI, FL**

3. Mailing Address  
**EL SOL CANVAS AWNINGS CORP**

Suite, Apt. #, etc.  
**N57 NW 70 STREET**

City & State  
**MIAMI, FL**

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0174877**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PEREA, GLADYS**  
~~1840 WEST 48 STREET #104~~  
~~HIALEAH FL 33012~~

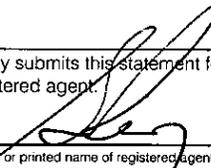
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**1200 NW 78 AVENUE - STE #216**

City **MIAMI** FL Zip Code **33156**

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 **1/20/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>RAMOS, ALBERTO J.</b>
STREET ADDRESS	<b>1621 SW 14TH ST</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>DURAN, ALEXIS J.</b>
STREET ADDRESS	<b>339 EAST 62ST</b>
CITY-ST-ZIP	<b>HIALEAH FL</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  **ALEXIS J. DURAN** DIRECTOR DATE **1/20/03** (305) DAYTIME PHONE #

CR2E034 (10/02)