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

M13788

**DOCUMENT#** 

## FILED Apr 21, 2004 8:00 am Secretary of State 04-21-2004 90012 017 \*\*\*150.00

DO NOT WRITE IN THIS SPACE  2. Frincipal Place of flushoress 500° St.W. 23rd Road 500° St.W.	ROMATE CORPORATION						04-21-2004 90012 017	130.00	
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Milami, Florida n. Milami, Florida 50-2529755 Non Applicable 20 33129 County 2 33129 County 5. Certificate of Status Desired 538155 Additional Fee Required Pee Required Fee R	500°S.W. 23rd Road		500 S.W. 23rd Road						
Second Comment of State Office of Required	City & State Mian	ni, Florida ni	City & State Miami, Florida		4. F	El Number 59-2529755	<del></del>		
DO NOT WRITE IN THIS SPACE  City  FL  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  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  9. This commonition is eligible to satisfy its Intrangable Tax Ring accordance in a septial accordance in a septial to do so.  (See enterial on back)  SIGNATURE  11. OFFICERS AND DIRECTORS  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  TILE  MAKE  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  CITY ST-2P  TILE  MAKE  SIRRET ADDRESS  SIRRET ADDRESS  SIRRET ADDRESS  SIRRET ADDRESS  SIRRET ADDRESS  SIRRET ADDRESS  SIRRET ADDRES	Zip 3312			Count	try		ertificate of Status Desireo []	ee Required	
DO NOT WRITE IN THIS SPACE  City FL Zip Code  6. 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.  5. CINATURE  9. This corporation is eligible to suitely its intringible last filting requirement and elects to do so conduct on back)  11. OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. OFFICERS AND DIRECTORS  14. OFFICERS AND DIRECTORS  15. OFFICERS AND DIRECTORS  16. OFFICERS AND DIRECTORS  16. OFFICERS AND DIRECTORS  17. OFFICERS AND DIRECTORS  18. OFFICERS AND DIRECTORS  18. OFFICERS AND DIRECTORS  19. OFFICERS AND DIRECTORS  10. Election Campaign Financing		والمناه والمناواتين والمتالية والمتالية والمتالية والمتالية والمتالية والمتالية والمتالية والمتالية والمتالية	was a second		C(A)2-2	7. Na	me and Address of Current Registered	Agent	
City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida  8. Signature the product of the purpose of changing its registered agent, or both, in the State of Florida  8. Signature the product of the purpose of changing its registered agent, or both, in the State of Florida  9. This corporation is eligible to satisfy its Intangible face thing requirement and elects to do so.  9. After May 1 - Fee is \$550.00  After May 2 - Fee is \$50.00  After May 2 - Fee is \$50.00  After May 3 - Fee is \$50.00  After May 1 - Fee is \$550.00  After May 2 - Fee is \$50.00  After May 2 - Fee is \$50.00  After May 3 - Fee is \$50.00  After May 3 - Fee is \$50.00  After May 4 - Fee is \$50.00  After May 5 - Fee is \$50.00  After May 5 - Fee is \$50.00  After May 5 - Fee is \$50.00  After May 1 - Fee is \$50.00  After May 1 - Fee is \$50.00  After May 1 - Fee is \$50.00  After May 2 - Fee is \$50.00  After May 1 - Fee is \$50.00  After May 2 - Fee is \$50.00  After May 1 - Fee is \$50.00  After May 1 - Fee is \$50.00  After May 1 - Fee is \$50.00  After May 2 - Fee is \$50.00  After May 1 - Fee is \$50.00  After May 1 - Fee is \$50.00  After May 2 - Fee is \$50.00  After May 2 - Fee is \$50.00  After May 3 - Fee is \$50.00  After							O. Box Number is Not Acceptable)		
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 byte or protect name of registered agent and set all applicable in State of Florida.  Signature byte or protect name of registered agent and set all applicable in State of Florida.  Signature byte or protect name of registered agent and set all applicable in State of Florida.  Signature byte or protect name of registered agent and set all applicable in State of Florida.  Signature byte or protect name of registered agent and set all applicable in State of Florida.  Signature byte or protect name of registered agent and set all applicable in State of Florida.  Signature byte or protect name of registered agent, or both, in the State of Florida.  Signature byte or protect name of registered agent, or both, in the State of Florida.  Signature byte or protect name of registered agent, or both, in the State of Florida.  Signature byte or protect name of registered agent, or both, in the State of Florida.  Signature byte or protect name of registered agent, or both, in the State of Florida.  Signature byte or signature agent where name of registered agent, or both, in the State of Florida.  Signature byte or signature agent where name of registered agent, or both. In the State of Florida.  Signature byte or signature agent where name agent age	IN THIS SPACE								
SCINATURE  Signature, upped a content and a lects to do so.  (See criteria on back)  11. OFFICERS AND DIRECTORS  TITLE  MAKE  PSD  Alonso, Eduardo  Sireet Address  City-St-2P  TITLE  MAME  SIREET ADDRESS  CITY-St-2P  SIRET			* · · · · · · · · · · · · · · · · · · ·		City		FL	Zip Code	
ITILE PSD Alonso, Eduardo SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP SIREET ADDRESS SIREET	SIGNATURE  Signature, typed or printed name of registered agent and fille if applicable.  Signature is signature required when reinstating)  PATE  January 1 - May 1 Fee is \$150.00  Tax filling requirement and elects to do so.  Amended LIBR is \$61.25  Trust Fund Contribution  Added to Fees								
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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	NAME STREET ADDRESS CITY-ST-ZIP			NAM STRI CITY	HE EET ADDRESS (+ST-ZIP				

indicated on this report or supplied with 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 the empowered.

VICE-Presudent OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #