2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) M19956

1. Entity Name

DOCUMENT #

CORPORATE CLAIM SERVICES, INC.



FILED Apr 29, 2003 8:00 am Secretary of State

04-29-2003 90053 019 ***150.00

Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-2572538 Applied Fc Not Ap	Suite, Apt. #, etc. City & State City & State Cuntry Zip Country 5. Certificate of Status Desired S8.75 Additional Fee Required S. 75 Additional Fee Required S8.75 Additio
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S9-25/2538 Not Applic	Zip Country Zip Country 5. Certificate of Status Desired S8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) NAON, ALBERTO 3915 BISCAYNE BLVD. MIAMI FL 33137 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. Lam familiar with, and acceptable of the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and tille if application. (NOTE: Registered Agent signature required when reinstoling) P. Election Campaign Financing Trust Fund Contribution. Signature, typed or printed name of registered agent and tille if application. (NOTE: Registered Agent signature required when reinstoling) P. Election Campaign Financing Trust Fund Contribution. Signature, typed or printed part and tille if application. (NOTE: Registered Agent signature required when reinstoling) P. Election Campaign Financing Added to Fees
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12. I hereby certify that the information supplied with this filling 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!

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 305-572-1967