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

| <u> </u> | | |
|------------|--------------|--|
| | 1.40 = 4 = = | |
| DOCUMENT # | M25457 | |

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

1. Entity Name

Zip

SIGNATURE

CADENAS, RICARDO A.

48 NE 15 STREET HOMESTEAD FL 33030

CHRISDON ENTERPRISES, INC.

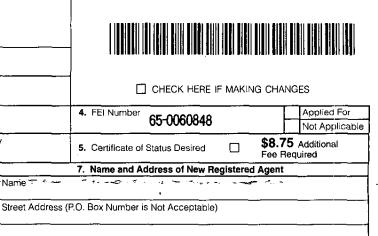


Principal Place of Business Mailing Address 2733 PONCE DE LEON BOULEVARD 2733 PONCE DE LEON BOULEVARD SUITE 101 SUITE 101 CORAL GABLES FL 33134 CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

Zip

Apr 17, 2003 8:00 am Secretary of State

04-17-2003 90603 043 ***150.00



DATE

| | | <u> </u> | |
|----|--|--|------------------------------|
| 8. | The above named entity submits this statement for the purpose of changing its registered | ed office or registered agent, or both, in the State of Florida. I | am familiar with, and accept |
| | the obligations of registered agent. | | • |
| | | | |

City

(NOTE: Registered Agent signature required when reinstating)

Country

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

10. **COFFICERS AND DIRECTORS** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change Addition ARGUELLES, DONATO J. NAME NAME **565 REINANTE AVE** STREET ADDRESS STREET ADDRESS CITY-ST-7IP CORAL GABLES FL CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME ARGUELLES, MARIA V. NAME **565 REINANTE AVE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

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: