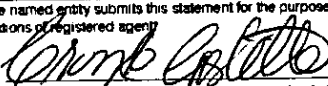
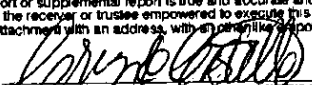


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91162 036 ***61.25

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

90130164

DOCUMENT # N02000000012			
1. Entity Name CRUZ CASTILLO CONSULTING, INC.			
Principal Place of Business 3501 WEST VINE STREET 258 KISSIMMEE, FL 34741		Mailing Address 3501 WEST VINE STREET 258 KISSIMMEE, FL 34741	
2. Principal Place of Business 1107 W MABBETTE ST. Suite, Apt. #, etc.		3. Mailing Address 1107 W MABBETTE ST. Suite, Apt. #, etc.	
City & State KISSIMMEE, FL		City & State KISSIMMEE, FL	
Zip 34741		Zip 34741	
Country USA		Country USA	
4. FEI Number 01-0618860		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CASTILLO, CRUZ E 3501 WEST VINE STREET 258 KISSIMMEE, FL 34741		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  CRUZ E CASTILLO DATE 4-30-03 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when changing.)			
FILE NOW FEE IS \$81.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
PD CASTILLO, CRUZ E 365 BUTTOWNWOOD DRIVE KISSIMMEE, FL 34743		☐ Change ☐ Addition	
D DEER-WILLIAMS, AUDREY 1620 COLUMBIA ARMS CIRCLE, APT. 206 KISSIMMEE, FL 34741		☒ Change ☐ Addition	
D QUEVEDO, JOSE A 365 BUTTOWNWOOD DRIVE KISSIMMEE, FL 34743		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an affidavit empowered. SIGNATURE:  CRUZ E CASTILLO DATE 4-30-03 407-343-0777 Signature and typed or printed name of signing officer or director			