

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


FILED
Jul 17, 2003 8:00 am
Secretary of State

07-17-2003 90029 043 ****61.25

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DOCUMENT # N02000001064

1. Entity Name
DURISIMOS INCORPORATED



Principal Place of Business
**8224 BACK BEACH RD.
PANAMA CITY FL 32407**

Mailing Address
**P.O. BOX 9244
PANAMA CITY FL 32417**

JUL143808



2. Principal Place of Business
8224 BACK BEACH RD

3. Mailing Address
P.O. Box 9244

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Panama City Panama City FL

Zip
32407 Country **BA1**

Zip
32417 Country **BA1**

4. FEI Number
02-0632913

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

**CANALES, LILLIAM P
3704 LONG JOHN DR.
PANAMA CITY FL 32408**

7. Name and Address of New Registered Agent

Name
Lillian CANALES

Street Address (P.O. Box Number is Not Acceptable)
3704 Long John Dr

City
Panama City FL Zip Code
32408

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 *Lillian P Canales* DATE 7/15/03

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

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANALES, LILLIAN P P.O. BOX 9244 PANAMA CITY FL 32417	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANALES, JAVIER E P.O. BOX 9244 PANAMA CITY FL 32417	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIGUEROA, CARLOS O P.O. BOX 9244 PANAMA CITY FL 32417	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED* DATE 7/15/03 (850) 233-0078

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E037 (4/03)