2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2003
Secretary of State

DOCUMENT# N94000003794

Entity Name: PUERTAS ABIERTAS, INC.

Current Principal Place of Business:

5400 S. UNIVERSITY DR.
#409
DAVIE, FL 33029

New Principal Place of Business:

Current Mailing Address:

5400 S. UNIVERSITY DR.
#409
DAVIE, FL 33029

New Mailing Address:

FEI Number: 95-3807024 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRUJILLO, C M JR
9390 NW 33RD MANOR
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LUCIANO, JARAMILLO
Address: 5400 S. UNIVERSITY DR. #409
City-St-Zip: DAVIE, FL 33029

Title: D ( ) Delete
Name: HAMILTON, DAVID
Address: 5400 S. UNIVERSITY DR., #409
City-St-Zip: DAVIE, FL 33029

Title: D ( ) Delete
Name: LUNA, RICHARD
Address: 5400 S. UNIVERSITY DR., #409
City-St-Zip: DAVIE, FL 33029

Title: D ( ) Delete
Name: REED, RODGER
Address: 5400 S. UNIVERSITY DR. #409
City-St-Zip: DAVIE, FL 33328

Title: D ( ) Delete
Name: STERK, RENE
Address: 5400 S. UNIVERSITY DR. #409
City-St-Zip: DAVIE, FL 33328

Title: D ( ) Delete
Name: SOUTHERLAND, DANNY
Address: 5400 S. UNIVERSITY DR. #409
City-St-Zip: DAVIE, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: SCHUT, EVERT
Address: 5400 S. UNIVERSITY DR., #409
City-St-Zip: DAVIE, FL 33029

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: GALLARDO, MARK
Address: 5400 S. UNIVERSITY DR. #409
City-St-Zip: DAVIE, FL 33328

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD LUNA D 08/11/2003

Electronic Signature of Signing Officer or Director — Date