2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2002 8:00 AM
Secretary of State

DOCUMENT# N96000003616

Entity Name: COMUNIDAD DE FE INC.

Current Principal Place of Business:

3982 NW 167 ST
MIAMI, FL 33054 US

New Principal Place of Business:

Current Mailing Address:

3982 NW 167 ST
MIAMI, FL 33054 US

New Mailing Address:

FEI Number: 65-0679362 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVILA, HERMAN
7815 W. 29 LANE
#202
HIALEAH, FL 33016 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:	PD	( ) Delete
Name:	DAVILA, HERMAN	
Address:	7815 W. 29TH LANE, 202	
City-St-Zip:	HIALEAH, FL 33016	
Title:	VP	( ) Delete
Name:	CHE, ROBERTO	
Address:	18936 NW 57 AVE UNIT 207	
City-St-Zip:	HIALEAH, FL 33015	
Title:	S	( ) Delete
Name:	CHE, ELVIRA	
Address:	18936 NW 57 AVE UNIT 207	
City-St-Zip:	HIALEAH, FL 33015	
Title:	T	( ) Delete
Name:	CHE, ROBERTO	
Address:	18936 NW 57 AVE, #207	
City-St-Zip:	HIALEAH, FL 33015	
Title:	D	( ) Delete
Name:	DAVILA, RUTH	
Address:	7815 W 29 LN UNIT 202	
City-St-Zip:	HIALEAH, FL 33016	
Title:	D	( ) Delete
Name:	MAAS, MIGUEL	
Address:	1085 N.E. 126 STREET, #1	
City-St-Zip:	MIAMI, FL 33161	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: HERMAN DAVILA PD 05/11/2002

Electronic Signature of Signing Officer or Director — Date