


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2003 8:00 am
Secretary of State

07-11-2003 90053 032 ***550.00

0060572 AV

DOCUMENT # P00000006613	
1. Entity Name BILD-LIBBIN & ASSOCIATES, INC.	

Principal Place of Business 1111 KANE CONCOURSE SUITE 401 BAY HARBOR ISLAND FL 33154	Mailing Address 1111 KANE CONCOURSE SUITE 401 BAY HARBOR ISLAND FL 33154
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2. Principal Place of Business <i>1125 N. Shore Dr.</i>	3. Mailing Address <i>1125 N. Shore Dr.</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>MIAMI BEACH, FLORIDA</i>	City & State <i>MIAMI BEACH, FLORIDA</i>
Zip <i>33141</i>	Zip <i>33141</i>
Country <i>USA</i>	Country <i>USA</i>



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0974581		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent LIBBIN, JEROME E 1125 N SHORE DRIVE MIAMI FL 33141		
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 *Jerome E. Libbin* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BILD-LIBBIN, RAQUEL 1111 KANE CONCOURSE BAY HARBOR ISLAND FL 33154	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LIBBIN, JEROME E 1111 KANE CONCOURSE BAY HARBOR ISLAND FL 33154	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 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: *Jerome E. Libbin* **SIGNATURE REQUIRED** *7-9-03* *(305) 389-0710*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)