2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P00000008646

1. Entity Name

NAME

STREET ADDRESS

CITY-ST-ZIP

POSI INVESTMENTS, INC.



FILED Mar 19, 2003 8:00 am Secretary of State

03-19-2003 90165 007 ***150.00

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Special Country Zip Country State Section Se	Suite, Apt. #, etc.		.]		CHECK HERE IF MAKING CHANGES	
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name Name Name Name Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) Title Now!! FEL IS 150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 NAME POSADA, RAFAEL OPENADA, RAFAEL SISSET AUDRESS CITY 51-2P TITLE MAME STREET ADDRESS CITY 51-2P TITLE	City & State		City & State		55-1004252	ole
B. Name and Address of New Registered Agent DURANZA, OSCAR 10261 S.W. 725	Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
DURANZA, OSCAR 19309 SUNDET DR 19204		6. Name and Address of Current	Registered Agent			\dashv
Street Address (P.O. Box Number is Not Acceptable)	V V V V V V V V V V V V V V V V V V V			Name		\neg
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 and site if applicables. (NOTE Registered Agent dignature megaled when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will fibe \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PO OFFICERS AND DIRECTORS IN 11 NAME POSADA, RAFAEL SITERT ADDRESS CITY-ST-2P TITLE Delete ITTLE Delete TITLE Delete TITLE MAMINI SPRINGS FL 33166 CITY-ST-2P TITLE MAME SIRET ADDRESS CITY-ST-2P TITLE SIRET		00040		Street Add	ress (P.O. Box Number is Not Acceptable)	\dashv
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12. Thereby 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.

NAME

STREET ADDRESS

CITY-ST-ZIP