


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90255 021 ***150.00

DOCUMENT # P000000007667
1. Entity Name
HIALEAH LOVE.COM INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7105 SW 8 ST
Suite, Apt. #, etc.
#204 ← NOTE
City & State
MIAMI FL
Zip
33144
Country
DADE/USA

3. Mailing Address
7105 SW 8 ST
Suite, Apt. #, etc.
#204
City & State
MIAMI FL
Zip
33144
Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1008585
Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name
HECTOR MARTINEZ
Street Address (P.O. Box Number is Not Acceptable)
6265 W. 18 AVE
City
HIALEAH FL Zip Code 33012

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 Hector Martinez HECTOR MARTINEZ DATE 4-25-03
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when revalidating))

January 1st - May 1st Fee is \$1150.00
After May 1st Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SINGLE OWNER
NAME	HECTOR MARTINEZ
STREET ADDRESS	6265 W 18 AVE
CITY-ST-ZIP	HIALEAH FL 33012
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Hector Martinez HECTOR MARTINEZ DATE 4-25-03 305-260-0488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Data Daytime Phone #

CR2E034B (12/02)