


**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P00000011570</b> 1. Entity Name <b>NODO GROUP INTERNATIONAL, INC.</b>					
Principal Place of Business <b>6701 NW 84TH AVENUE                  MIAMI, FL 33166</b>		Mailing Address <b>6701 NW 84TH AVENUE                  MIAMI, FL 33166</b>			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0986059</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>PEREZ, MANUEL                  3765 ALCANTARA AVENUE                  MIAMI, FL 33178</b>				7. Name and Address of New Registered Agent Name <b>ALFREDO BOCCALANDRO</b> Street Address (P.O. Box Number is Not Acceptable) <b>4720 NW 114 AVE # 104</b> City <b>MIAMI</b> FL <b>33178</b>	
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 <u><i>Alfredo</i></u> DATE <b>4/28/03</b> <small>(Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent Signature Required when submitting.)</small>					
9. Election Campaign Financing True Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>BOCCALANDRO, MARIA</b> <b>4720 NW 114 AVE #104</b> <b>MIAMI, FL 33178</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: <u><i>Alfredo</i></u>			DATE: <b>4-28-03</b> (202) 302-4107		

CPRE034 (10/02)