

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90376 032 \*\*\*158.75

DOCUMENT # P00000021536

1. Entity Name

LOOK & BOOK, INC.



**DO NOT WRITE IN THIS SPACE**

11038519

2. Principal Place of Business

1930 NE 118 ROAD

Suite, Apt. #, etc.

3. Mailing Address

1930 NE 118 ROAD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
 NORTH MIAMI, FLORIDA

City & State  
 NORTH MIAMI, FLORIDA

4. FEI Number  
 65-1127052

Applied For  
 Not Applicable

Zip Country  
 33181 MIAMI-DADE

Zip Country  
 33181 MIAMI-DADE

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
 AROS, CLAUDIA M.

Street Address (P.O. Box Number is Not Acceptable)

1930 NE 118 ROAD

City NORTH MIAMI FL Zip Code 33181

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 *Claudia Aros*  
 Signature, typed or printed name of registered agent and title if applicable.

04/25/2003

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00  
 After May 1, 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 NAME STREET ADDRESS CITY-ST-ZIP	P AROS, CLAUDIA M. 1930 NE 118 ROAD NORTH MIAMI, FL 33181	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: *Claudia Aros*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/2003 (305) 981-8474

Date Daytime Phone #

CR2E034B (12/02)