LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

FILED Jun 06, 2003 8:00 am Secretary of State 06-06-2003 90046 001 ***150.00

| DOCU 1. Entity Nam | MENT # P0000 I ETTERPRISE, | · | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|---------------------------------------------|-------------------------------------------------------|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DO NOT WRITE IN THIS SPACE | | | | | |
| | Place of Business EMBROKE RD. | 3. Mailing Address 12735 SW 22nd. STREET | | 90138708 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | DO NOT WRITE IN THIS SPACE | |
| City & State MIRAMAR FLORIDA | | City & State MIRAMAR FLORIDA | | 4. FEI Number 65-0989390 | Applied For Not Applicable |
| Zip 33025 | Country USA | ^{Zip} 33027 | Country USA | 5. Certificate of Status Desired | \$5.00 Additional Fee Required |
| 7. Name and Address of Current Registered Agent Name PARDO ENRIQUE Street Address (P.O. Box Number is Not Acceptable) 12735 SW 22nd. STREET City MIRAMAR FL Zip Code 33027 | | | | | |
| 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. | | | | | |
| ciduatore, Abed A purifico tassa cu edizinseo albairi ano ine a schiciatore. | | | EE IS \$50:00 e to Florida Departme UE BY MAY 1 | nt of State | DAIE |
| 9. | MANAGING MEMBER | S/MANAGERS | | | |
| TITLE NAME STREET ADDRESS CHY+ST-ZIP | PARDO, ENRIQUE 12735 SW 22nd. STREET MIRAMAR, FL 33027 | | THLE NAME STREET ADDRESS CITY: ST-ZIP | | And Andrews |
| TITLE NAME STREET ADORESS CITY-ST-ZIP | | | NAME STREET ADDRESS CITY-ST-ZIP | | The state of the s |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ^ | · | TITLE NAME STREET ADORESS CITY-ST-ZIP | DO NOT V | WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE :NAME STREET AODRESS CITY-ST-ZIP | IN THIS S | PACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Total Control of the |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE NAME STREET ADDRESS CITY-ST-2IP | | |
| 11. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I flurther certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: Lucyce Code 6/3/03 (954)274-5570 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayline Phone # | | | | | |

Attachment# 90138708 # P00000024979

June 3, 2003

DEPARTMENT OF CORPORATION

Dear Sir or Madam:

THE PURPUSE OF THIS LETTER IS TO INFORM YOU THAT I HAVE NOT RECEVE MY ANNUAL UNIFORM BUSINESS REPORT REASON WHY AI AM SENDING A BLANK FORM .

Sincerely,

ENRIQUE PARDO OWNER