

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


**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

0244984 AV

04-11-2003 90096 020 \*\*\*150.00

**DOCUMENT # P00000026514**

1. Entity Name  
**ANTONIO BALDAN AMERICA INC.**



Principal Place of Business  
**220 71ST STREET SUITE 213  
MIAMI BEACH FL 33141**

Mailing Address  
**220 71ST STREET SUITE 213  
MIAMI BEACH FL 33141**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**2030 Ponce de Leon Blvd**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Coral Gables, FL**

City & State  
**Coral Gables, FL**

Zip  
**33134**

Country  
**USA**

4. FEI Number **65-1000984**

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHIARATO, UGO V CPA**  
**220 71ST STREET SUITE 213**  
**MIAMI BEACH FL 33141**

Name  
**CHIARATO UGO V CPA**

Street Address (P.O. Box Number is Not Acceptable)  
**12000 BISCAYNE BLVD**  
**SUITE 507**

City  
**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>STIMAMIGLIO, ALBERTO</b>
STREET ADDRESS	<b>220 71ST STREET SUITE 213</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL 33141</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STIMAMIGLIO ALBERTO</b>
STREET ADDRESS	<b>2030 PONCE DE LEON BLVD</b>
CITY-ST-ZIP	<b>CORAL GABLES, FL 33134</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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.

SIGNATURE:  **4-8-03** **305 529 0300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)