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

DOCUMENT # P00000028234

1. Entity Name

FILED May 27, 2002 8:00 am Secretary of State 05-27-2002 90435 016 ***150.00

	CENTSUR WORLD TRADI	NG INC.	V			
	DO NOT WRITE	IN THIS SE	PACE		6711	8 5
2. Principal Place of Business 910 N WT-1)28 COURT Suite, Apt. #, etc.		3. Mailing Address 910 NW 128 COURT Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State MIAMI, FL.		City & State MIAMI, FL.			FEI Number 5-0994321	Applied For Not Applicable
Zip 3318	Country DADE	^{Zip} 33182	Country \ DADE		Certificate of Status Desired	\$8.75 Additional Fee Required
IN THIS SPACE City MIA					me and Address of Current Registe EZ ox Number is Not Acceptable) 128 COURT	
8. The above	e named entity submits this statement for the		egistered office or regis	stered age	04/29/	02
Tax filing requirement and elects to do so. After (See criteria on back)			ary 1 - May 1 Fee is \$150.00 fer May 1, Fee is \$550.00 mended UBR is \$61.25 k Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STHEET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PRESIDENT JOSE GOMEZ 910 NW 128 COURT MIAMI, FL. 33182 VICE=PRESIDENT TERESITA GOMEZ 910 NW 128 COURT MIAMI, FL. 33182		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	· C - and · · · · · · · · · · · · · · · · · · ·	DO NOT WR IN THIS SPA	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			

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

SIGNATURE: _

> PRESIDENT SIGNATURE AND TOPED OR RINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-29-02

<u>305-4</u>85-3973