2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OF

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P00000051630 1. Entity Name SOUTH BAY INVESTMENT, INC.								FILED Apr 21, 2003 8:00 am Secretary of State 04-21-2003 90345 024 ***158.75		
Principal Plac 2600 SW 3RD 730 MIAMI FL 331		Mailing Address 2742 BISCAYNE BLVD MIAMI FL 33137					 			
2. Principal P	Place of Business	3. Mailing Address 2600 SW Brd. OVELLE								
Suite, Apt.	#, etc.	Suite, Apt. #, etc. うるの					CHECK HERE IF MAKING CHANGES			
City & Stat	 _	City & State Misrue; FL.					4. FEI Number 65-1010715 Applied For Not Applicable			
Zip Country 6. Name and Address of Current				ું <u>રે</u> ંઢાયુક					Certificate of Status Desired S8.75 Additional Fee Required Name and Address of New Registered Agent	
	o, Name and A	duless of Current	negistereu	Agent		Name		7, 1	\ d	1
ROUSSO, MARK E ESQ.						Guzuan, Mario.				
145 MADE					Street A		1	Box Number is Not Acceptable)	ľ	
STE 310									7 (- 1	1
CORAL GABLES FL 33134						9130 S.			bateland Blub. Suite # 1504.	
		 				*	Um			
	named entity submittions of registered as		the purpos	se of changing its	s registere	ed office or	registere	d ag	gent, or both, in the State of Florida. I am familiar with, and accept	
-	يم) ً	4-11 L		.		<i>-</i>			3/05/2	
SIGNATURE .	Signature, typed or printed	nameur registered agent e	and title if applic	able. (NOT	E: Registere	会しより d Agent signat	ure required	when re	reinstating) DATE]
After	ILE NOW!!! FEI r May 1, 2003 Fee k Payable to Flori		State					71	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.		, OFFICERS AND	DIRECTOR	S	11.	<u>-</u> -		ΑD	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BARBAGALLO, N 2875 NE 191 ST AVENTURA FL 3	REET, PH 3A		□ Delete	TITLE NAM STRE CITY	E	2600 Hul.	> €	Sw. 3rd. Dutur Sult #730.	5034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Change ☐ Addition	CR2E03
NTLE NAME Street address City-St-Zip		,		☐ Delete			_		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	. •			□ Delete					☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete					☐ Change ☐ Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP		M		☐ Delete	CITY	ET ADDRESS ST-ZIP			☐ Change ☐ Addition	1
12. I hereby c indicated of the con changed,		nation supplied with poplemental reput to ver or trustee en lid it with an address to	יינו בווו ועד	oes not qualify for occurate and that recept this report like empowered		nption stat ure shall hed by Cha	ted in Sec ave the si pter 607,	etion 1 ame l Florid	119.07(3)(i), Florida Statutes. I further certify that the information legal effect as if made under oath; that I am an officer or director ida Statutes; and that my name appears in Block 10 or Block 11 if	

04/17/03