FILED Apr 28, 2003 8:00 am Secretary of State

FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)					04-28-2003 91457 020 ***150.00			
i. Limby Nam	MENT# <i>POOOO</i> iTrust Property 8		0011	2505				
				9.07	90113585			
	DO NOT WRITE	P PILIT IN	DACE	·				
2. Principal P	Place of Business	3. Mailing Address						
	O US 41 N	17410 US 41 N.			DO 10711577 (1)	T: 110 00 1 00		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	•		DO NOT WRITE IN	THIS SPACE		
City & Stat Lut z	e _ FI.	City & State Lutz, FL			El Number 59-3650618		Applied For Not Applicable	
Zip	Country	Zip	Country		Certificate of Status Desired		5 Additional	
33558	Hillsboroug	n 33558	Hillsbord	ougn	me and Address of Current Regi	Fee Re	equired	
Name TOSO A Diazz								
DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable)								
IN THIS SPACE 17410 US 41 N.								
			. * 2,51 L	0 05	41 N.		Code	
			Lutz				3558	
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 :	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registered Agent signature	e required when re	nstating)	DATE		
	nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00		J		9. Efection Campaign Financin	g !	\$5.00 Мау Ве	
13	Amended UBR is \$61.25 Payable to Florida Department of	State			Trust Fund Contribution.		Added to Fees	
10.	OFFICERS AND I	DIRECTORS	y sym y y y y y y y y y	- 4	V. 1	<u> </u>		
TITLE NAME	PD	•	NAME				302	
STREET ADDRESS	Jose A. Diaz	utz,FL 335	STREET ADDRESS	ŧ a		* *	2	
CITY-ST-ZIP	17410 US 41 N. I	urs'tr 332	0					
TITLE NAME	VSTD		TITLE NAME			**	2 P	
STREET ADDRESS	Caridad G. Diaz		STREET ADDRESS					
CITY-ST-ZIP	17410 US 41 N. I	utz, FL 335	5 & CITY-ST-ZIP					
NAME	,		NAME			get and the second		
STREET ADDRESS CITY - ST - ZIP			STREET ADDRESS		DO NOT W	RITE		
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CITY-ST-ZIP			CITY-ST-ZIP					
TITLE NAME			TITLE NAME:	* *		t.		
STREET ADDRESS			STREET ADDRESS	edita italia Kalendari				
CITY-ST-ZIP		ala (a. C.)	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 supplier that it is possible and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the constant of the same that the same of the same that the same of the sam								
of the corporation or the receiver by 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.								
SIGNAT	URE:	Jose ADI	42		4/28/03			
	SIDNATURE AND TYPED OR PE	RINTED NAME OF SIGNING OFFICER	OR DIRECTOR	***************************************	Date	Daytime Phy	one #	