
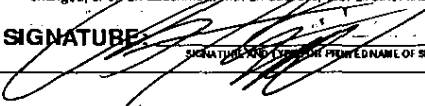


**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0000059889				80112715	
1. Entity Name FRANCISCO JOSE AGUERO, P.A.					
Principal Place of Business 3191 CORAL WAY SUITE 404 MIAMI, FL 33145-3219 US		Mailing Address PO BOX 141983 CORAL GABLES, FL 33114-1983 US		 <input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
2. Principal Place of Business 1601 SW 3 Ave 6th Floor		3. Mailing Address 1601 SW 3 Ave 6th Floor			
City & State Miami, FL		City & State Miami, FL			
Zip 33129 Country USA		Zip 33129 Country USA			
4. FEI Number 65-1015524		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AGUERO, FRANCISCO J ESQ 3191 CORAL WAY SUITE 404 MIAMI, FL 33145-3219			7. Name and Address of New Registered Agent Name: FRANCISCO J. AGUERO, ESQ Street Address (P.O. Box Number is Not Acceptable): 1601 SW 3 Ave City: Miami, FL Zip Code: 33129		
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 		FRANCISCO J. AGÜERO, ESQ.		DATE 4/30/03	
<p>FILE NOW! Fee is \$150.00 After May 1, 2003 Fee will be \$500.00 Make Check Payable to Florida Department of State</p>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP AGUERO, FRANCISCO J ESQ 3191 CORAL WAY, STE 404 MIAMI, FL 33145	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FRANCISCO J. AGÜERO, ESQ 1601 SW 3 AVE 6th Floor Miami, FL 33129	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 		FRANCISCO J. AGÜERO, ESQ.		DATE 4/30/03 305-860-044	

CR12E034 (10/02)