
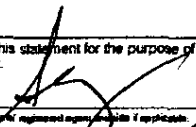
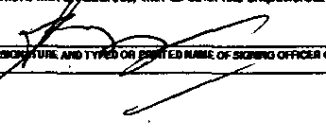


**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P0000064309</b>		
1. Entity Name <b>CIOLA &amp; ASSOCIATES, INC.</b>		
Principal Place of Business <b>1000 FORCE DE LEON BLVD SUITE 309 CORAL GABLES, FL 33134</b>		Mailing Address <b>4000 FORCE DE LEON BLVD SUITE 309 CORAL GABLES, FL 33134</b>
2. Principal Place of Business <b>136 SANTANDER AVE</b>		3. Mailing Address <b>136 SANTANDER AVE</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State <b>CORAL GABLES FL</b>		City & State <b>CORAL GABLES FL</b>
Zip <b>33134</b>	Country	Zip <b>33134</b>
4. FEI Number <b>65-1033222</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>CIOLA, SANDRA 9486 SW 92ND STREET MIAMI, FL 33176</b>		7. Name and Address of New Registered Agent Name <b>SANDRA CIOLA</b> Street Address (P.O. Box Number is Not Acceptable) <b>136 SANTANDER AVE</b> City <b>CORAL GABLES</b> FL Zip Code <b>33134</b>
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: 		DATE: <b>4/24/03</b>
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE <b>Change</b> <input type="checkbox"/> Addition
NAME <b>CIOLA, CLAUDE M</b>		NAME <b>136 SANTANDER AVE</b>
STREET ADDRESS <b>9486 SW 92ND STREET</b>		STREET ADDRESS <b>CORAL GABLES FL 33134</b>
CITY-ST-ZIP <b>MIAMI, FL 33176</b>		CITY-ST-ZIP <b>CORAL GABLES FL 33134</b>
TITLE <b>V</b>	<input type="checkbox"/> Delete	TITLE <b>Change</b> <input type="checkbox"/> Addition
NAME <b>CIOLA, SANDRA</b>		NAME <b>136 SANTANDER AVE</b>
STREET ADDRESS <b>9486 SW 92ND STREET</b>		STREET ADDRESS <b>CORAL GABLES FL 33134</b>
CITY-ST-ZIP <b>MIAMI, FL 33176</b>		CITY-ST-ZIP <b>CORAL GABLES FL 33134</b>
TITLE	<input type="checkbox"/> Delete	TITLE
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete	TITLE
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete	TITLE
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		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)(1), 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 807, 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 files empowered.		
SIGNATURE: 		DATE: <b>4/24/03</b> 305 567 1886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE

CR20034 (10/02)