FILED

03 MAR 17 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000065543

1. Entity Name
NELLIE BARRIOS, INC.

200012559652
03/20/03--01001--004 **115.00

02-25-03 01030 012 25.00

Principal Place of Business	Mailing Address
7000 WEST 12 AVE.,#10 HIALEAH, FL 33014	7000 WEST 12 AVE.,#10 HIALEAH, FL 33014

2. Principal Place of Business	3. Mailing Address
10200 NW 25 ST	10200 NW 25 ST
Suite, Apt. #, etc. 112	Suite, Apt. #, etc. 112
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33172 Country DADE	Zip 33172 Country DADE

X CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1026908 — [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ELJAUA, JACOB
10200 NW 25TH ST, SUITE 112
MIAMI, FL 33172

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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] 3-12-2003
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. [ ] $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	D BARRIOS, NELLIE 11 ISLAND AVE.,UNIT 1610 MIAMI BEACH, FL 33139 — [X] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT JACOB ELJAUA 10200 NW 25 ST #112 MIAMI, FL 33172 — [X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition

CR2E034 (10/02)

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: [signature] 3-12-03 305-591-7474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JF 3/18