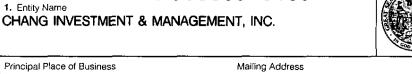
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000075109 **DOCUMENT #**

SIGNATURE:





01-23-2003 90076 027 ***150.00

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Principal Place of Business 10930 SW 26TH STREET MIAMI FL 33165		Mailing Address 10930 SW 26TH STREET MIAMI FL 33165			1111 1880 1881 1881 1881 1881 1881 1881
2. Principal F	Place of Business	3. Mailing Address	·		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAK	ING CHANGES
City & Stat	te	City & State		4. FEI Number 65-1038389	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Register	
CHANG, A 10930 SW MIAMI FL	26TH STREET		Street Addres	ss (P.O. Box Number is Not Acceptable)	Zip Code
	e named entity submits this statement folions of registered agent. ALFREDO CHAN Signature, typed or printed name of registered agent	16. President	ts registered office or regis	stered agent, or both, in the State of Florida. I	-
After Make Check	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o			9. Election Campaign Financing Trust Fund Contribution.	Added to Fees
TITLE	OFFICERS AND	Delete	11.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 11 Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	CHANG, ALFREDO 10930 SW 26TH STREET MIAMI FL 33165	L Detete	NAME STREET ADDRESS CHY-ST-ZIP		Unange Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CHANG, REBECA 10930 SW 26TH STREET MIAMI FL 33165	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	and the same of th	☐ 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
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
indicated of the cor	on this report or supplemental report is	s true and accurate and that owered to execute this repor	my signature shall have that as required by Chapter 6	Section 119.07(3)(i), Florida Statutes. I further ne same legal effect as if made under oath; tha 507, Florida Statutes; and that my name appea	t I am an officer or director