

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

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90757 005 \*\*\*150.00

DOCUMENT # P00000094655  
1. Entity Name  
HMIT/HAND MADE INTERNATIONAL-Trade, CORP



Principal Place of Business  
7331 NW 27th AV  
Miami FL 33147

Mailing Address  
PO Box 56295/1  
Miami FL 33256



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number <u>65-1043327</u>	Apply Not Ac
Suite, Apt #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additior Fee Required	
City & State		City & State			
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent <u>CASTRO SERGIO A.</u> <u>7331 NW #27 AV</u> <u>Miami FL 33147</u>			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
<u>7331 NW #27 AV</u>			<u>13712 SW 147 CIRCLE LN #3</u>		
City			City		
<u>Miami</u>			<u>MIAMI</u>		
State			State		
<u>FL</u>			<u>FL</u>		
Zip Code			Zip Code		
<u>33147</u>			<u>33186</u>		

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 the obligations of registered agent.

SIGNATURE [Signature] Sergio Castro DATE 4/28/03

Signature typed (or printed name of registered agent and title if applicable) (NOTE: Registered agent's signature required when installing)



9. Election Campaign Financing Trust Fund Contribution.  \$5.00 Added to I

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>QUINTANA ROCI BOTERO</u> <input type="checkbox"/> Delete <u>7331 NW 27 AV</u> <u>Miami FL 33147</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> <u>13712 SW 147 Circle LN #3</u> <u>Miami FL 33186</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <u>CASTRO Sergio A</u> <u>7331 NW 27 AV</u> <u>Miami FL 33147</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> <u>13712 SW 147 Circle LN #3</u> <u>Miami FL 33186</u>
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"/>
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"/>
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"/>
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"/>

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, changed, or on an attachment with an address, with all other like empowered

SIGNATURE: [Signature] Sergio Castro DATE 4/28/03 (305)226-3443

SIGNATURE AND TYPE, OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #