

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91162 013 ***150.00

DOCUMENT # P000000086551	
1. Entity Name L & D BLOCK, INC	

DO NOT WRITE IN THIS SPACE

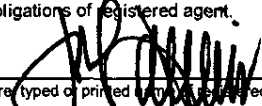
90130187

2. Principal Place of Business 1084 NW 24TH STREET Suite, Apt. #, etc.	3. Mailing Address 999 PONCE DE LEON BLVD Suite, Apt. #, etc.
City & State MIAMI, FL	City & State CORAL GABLES, FL
Zip 33127	Zip 33134

4. FEI Number 65-1039117		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		


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7. Name and Address of Current Registered Agent	
Name JOHNNY TSIMOGIANNIS	
Street Address (P.O. Box Number is Not Acceptable) 999 PONCE DE LEON BLVD	
SUITE 601	
City CORAL GABLES	FL Zip Code 33134

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 	JOHNNY TSIMOGIANNIS <small>(NOTE: Registered Agent signature required when reinstating)</small>	04/28/03 <small>DATE</small>
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE	PVST	TITLE	
NAME	GUTIERREZ, GERARDO	NAME	
STREET ADDRESS	1084 NW 24TH STREET	STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 33127	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
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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 on an attachment with an address, with all other like empowered.			
SIGNATURE: 	GERARDO GUTIERREZ	04/28/03	305-635-1749
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>

CR2E034B (12/02)