

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

DOCUMENT # P0000089508			10096869	
1. Entity Name LYFORD ENTERPRISES, INC.				
Principal Place of Business 601 BRICKELL KEY DRIVE SUITE 802 MIAMI, FL 33131		Mailing Address 601 BRICKELL KEY DRIVE SUITE 802 MIAMI, FL 33131		
Principal Place of Business 601 Brickell Key Drive Suite, Apt., etc. SK-802		Mailing Address 601 Brickell Key Drive Suite, Apt., etc. SK-802		
City & State Miami, FL		City & State Miami, FL		
Zip 33131		Zip 33131		
Country USA		Country USA		
4. FEI Number 65-1046981		Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent VAZQUEZ, GERARDO A ESQ 601 BRICKELL KEY DRIVE SUITE 802 MIAMI, FL 33131		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)		
City		City		
FL		FL		
Zip Code		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when returning)</small>				
<small>FILE NOW WITH FEES \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State</small>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				
TITLE	DPS	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME	VAZQUEZ, GERARDO A		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	601 BRICKELL KEY DR #802		NAME	
CITY-ST-ZIP	MIAMI, FL 33131		STREET ADDRESS	
			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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: <u>Gerardo Vazquez</u>		4/30/03 (305) 371-1004		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #		

CRF0303a (10/02)