2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRENTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Apr 03, 2003 8:00 am Secretary of State

1. Entity Nam	MENT # P000000953	55					~	04-03-200	_	2 025 ***		
Principal Plac 1120 W. 33 I HIALEAH, FL		Mailing Address 1120 W. 33 PLACE HIALEAH, FL 33012							· · · · · · ·			
		3. Mailing Address										Į
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City & Stat	lea h	City & State  Liz les h				4. FEI Number Applied Fo					pplied For of Applicable	Ę
Zip	Country O/4 USA	Zip 370/4	Count	lry		5. Ce	ertificate of Sta			\$8.75 Ad	ditional	1
6. Name and Address of Current Registered Agent						7. Na	me and Addr	ess of New R	egistered.	Agent		7
	RA, MARIO E PLACE			Name Street A	ddress (P	P.O. Box	x Number is N	ot Acceptable	»)		<del></del>	-
HIALEAH, F	FL 33012								·	<del>-</del>		-
				City				<del></del> -	FL	Zip Coc	ie .	1
	named entity submits this statement for	the purpose of changing its	registere	d office or	registere	ed ager	nt, or both, in t	he State of Flo			, and accept	-
th <del>ệ</del> obligat	ions of registered agent.											
SIGNATURE	Signature, syped or printed name of registered agent a	nd tilla if applicable. (NOTE	: Regis ere.	i Agant Signate	ne required a	when reins	stating)		CATE			Ì
After	FILE NOWIII - FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 ( Payable to Florida Department o	f State		•	•			Campaign Fir nd Contribution			00 May Be d to Fees	]
10.	OFFICERS AND D		11.			ADD	ITIONS/CHAN	IGES TO OFF	ICERS AND			1
NAME STREET ADDRESS CITY-ST-2P	PSD CONSUEGRA, MARIO E 1120 W. 33 PLACE HIALEAH, FL 33012	□ Delete	8		1 11.	5 U	). 60 ST 14 , FC	#F1.	21 'Z	Ø Change	☐ Addition	CR2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-2IP		□ Delete	H		<b>V</b> D Cons 125′	7 w	78 70 AR 4. FL =	hce		☐ Change	Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZP		☐ Delete	Ħ							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZP		□ Delete □	NAMI STAB							☐ Change	Addition	خت
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	H							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZP		☐ Delete	CUA-	ET ADDRESS ST-ZIP						□ Change	Addition	
12. I hereby condicated of the corchanged,	certify that the information supplied with on this report of suppliemental report is poration or the receiver of investee empor or on an attachment with a dorress, w	this filing does not qualify for true and accurate and that n wered to execute this report ith all other like empowered.	the exer ny signat as requir	nption stat ure shall he ed by Cha	ed in Sec ave the si pter 607,	tion 11 ame leg Florida	9.07(3)(i), Flor gal effect as if i Statules; and	ida Statutes. I made under o that my name	further cer bath; that I a appears i	tify that the in am an officer in Block 10 o	nformation or director r Block 11 if	