



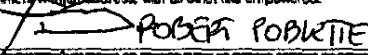
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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0000097804			
1. Entity Name MASTER FAB L.L.D., INC.			
Principal Place of Business 314 N.E. 88 STREET EL PORTAL, FL 33138		Mailing Address 314 N.E. 88 STREET EL PORTAL, FL 33138	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	County	Zip	County
4. FEI Number 65-1647626		Applied For Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
POBLETTE, ROBERT 314 N.E. 88 STREET EL PORTAL, FL 33138		Name Street Address (P.O. Box Number is Not Acceptable) 265 SW PORT ST. LUCIE BLVD # 173 City PORT ST. LUCIE FL Zip Code 34984	
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	
			
9. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD POBLETTE, ROBERT 314 N.E. 88 STREET EL PORTAL, FL 33138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VPD POBLETTE, ROBERT 265 SW PORT ST. LUCIE BLVD #173 PORT ST. LUCIE, FL 34984 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VPD MARTINEZ, NELSON 7301 HARDING AVE., #8 MIAMI BEACH, FL 33141 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD MENDOZA, MERCEDES 265 SW PORT ST. LUCIE BLVD #173 PORT ST. LUCIE, FL 34984 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 holder of a trust or other position as requested on this report as required by Chapter 607, Florida Statutes, and that my name appears in Book 82 or Book 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		DATE: JUL 31 2003	
REGISTERED MAIL TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

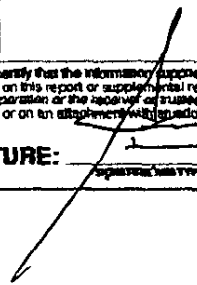
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CRP2004 (1/0/02)

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FOR FILING PURPOSES ONLY

MASTER FAB LLD & ASSOCIATES INC.

265 SW Port St. Lucie Blvd Suite # 173 Port St. Lucie, Florida 34984 (561) 350-5835

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7/31/2003

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dear Anna Chesnut:

As per our conversation this morning, attached to this letter you have the 2003 Uniform Business Report, which we did not receive the first report in January and/or the second report in July 2003.

Anna, please I humbly request for you to waive the \$ 400.00 dollars of late fees and accept my check for \$ 150.00 concurrently with the fee for changes in Articles of Amendment to Articles of Incorporation for \$ 35.00 dollars.

Once more, my gratitude for understanding and helping on this matter.

Sincerely,

Roberto Poblette
Principal

