

2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED  
Apr 24, 2003 8:00 am  
Secretary of State

04-24-2003 90277 024 \*\*\*150.00

|                               |                                                                                   |
|-------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P 00000098461      |  |
| 1. Entity Name<br>CECOM, INC. |                                                                                   |

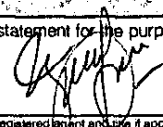
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| 2. Principal Place of Business<br>169 E. FLAGLER STREET<br>Suite, Apt. #, etc.<br>SUITE 1534<br>City & State<br>MIAMI, FLORIDA<br>Zip<br>33131<br>Country<br>DADE | 3. Mailing Address<br>169 E. FLAGLER STREET<br>Suite, Apt. #, etc.<br>SUITE 1534<br>City & State<br>MIAMI, FLORIDA<br>Zip<br>33131<br>Country<br>DADE |
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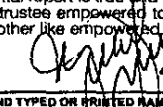
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| DO NOT WRITE<br>IN THIS SPACE | 4. FEI Number<br>65-1050840                                                                                                             | Applied For<br><input type="checkbox"/> Not Applicable |
|                               | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                |                                                        |
|                               | 7. Name and Address of Current Registered Agent                                                                                         |                                                        |
|                               | Name MIGUEL DEICH<br>Street Address (P.O. Box Number is Not Acceptable)<br>169 E. FLAGLER ST. STE. 1534<br>City MIAMI FL Zip Code 33131 |                                                        |

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| 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 <br>04/15/2003<br>DATE |
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| January 1 - May 1 Fee is \$150.00<br>After May 1, Fee is \$550.00<br>Amended UBR is \$61.25<br>Make Check Payable to Florida Department of State | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS                         |                                                                       |                                                    |                               |
|----------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------|-------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MIGUEL DEICH PD<br>169 E. FLAGLER STREET STE. 1534<br>MIAMI, FL 33131 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DO NOT WRITE<br>IN THIS SPACE |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                               |

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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: <br>PRESIDENT 04/15//2003<br>Date |
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CR2E034B (12/02)