

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90327 030 ***150.00

DOCUMENT # P00000106242



1. Entity Name
CIELO AZUL, INC.

Principal Place of Business
**15925 WEST PRESTWICK PLACE
MIAMI LAKES FL 33014**

Mailing Address
**15925 WEST PRESTWICK PLACE
MIAMI LAKES FL 33014**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
16120 E. TADON C.R.
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
MIAMI LAKES FL.

4. FEI Number **65-1055073**
Applied For
 Not Applicable

Zip **33014** Country **U.S.**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**RODRIGUEZ, ARTURO
15925 WEST PRESTWICK PLACE
MIAMI LAKES FL 33014**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE PD	<input type="checkbox"/> Delete
NAME RODRIGUEZ, ARTURO	
STREET ADDRESS 15925 WEST PRESTWICK PLACE	
CITY-ST-ZIP MIAMI LAKES FL 33014	
TITLE SD	<input type="checkbox"/> Delete
NAME RODRIGUEZ, ERIK	
STREET ADDRESS 15925 WEST PRESTWICK PLACE	
CITY-ST-ZIP MIAMI LAKES FL 33014	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: **Arturo Rodriguez**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/28/03** Daytime Phone #: **954 450 0477**

CR2E034 (10/02)