

**FILED**  
**May 17, 2002 8:00 am**  
**Secretary of State**

05-17-2002 90042 050 \*\*\*150.00

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P00000108135**  
 1. Entity Name  
**RODOLFO DANIEL CARMONA, INC**

Principal Place of Business      Mailing Address  
**7084 N.W. 50<sup>TH</sup> ST.**      **7084 N.W. 50<sup>TH</sup> ST.**  
**MIAMI, FL. 33166**      **MIAMI, FL. 33166**

2. Principal Place of Business      3. Mailing Address  
**7084 N.W. 50<sup>TH</sup> ST.**      **7084 N.W. 50<sup>TH</sup> ST.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**MIAMI, FL**      **MIAMI, FL.**

Zip      Country      Zip      Country  
**33166**      **USA**      **33166**      **USA**

4. FEI Number  
**63-1056803**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**ROUSSO, MARK E ESQ.**  
**3440 HOLLYWOOD BLVD. SUITE 360**  
**HOLLYWOOD, FL. 33021**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when re-registering)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.  **FILE NOW! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PST/VPD</b> <b>CARMONA, RODOLFO DANIEL</b> <b>7084 N.W. 50<sup>TH</sup> ST.</b> <b>MIAMI, FL 33166</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 807, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **x Rodolfo Daniel Carmona**      Date: **4-26-02** **Rodolfo Daniel Carmona**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E004 (9/01)