2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
05-23-2001 91155 024 ***150.00

7

DOCUMENT # P00000108337

1. Entity Name

ROBLES ANGEL INC.

Principal Place of Business	Mailing Address
520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131	520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
5161 COLLINS AVENUE		5161 COLLINS AVENUE	
Suite, Apt #, etc.: NO. 917		Suite, Apt. #, etc.: NO. 917	
City & State: MIAMI BEACH, FL		City & State: MIAMI BEACH, F	
Zip: 33140	Country: USA	Zip: 33140	Country: USA

4. FEI Number — [X] Applied For — [ ] Not Applicable

5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TRANSGLOBAL CORPORATE ADMINISTRATION INC.
520 BRICKELL KEY DRIVE
SUITE 0-305
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name: LUIS F. DE LA CRUZ, JR.
Street Address (P.O. Box Number is Not Acceptable): 241 SEVILLA AVENUE
SUITE 805
City: CORAL GABLES — FL — Zip Code: 33134

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 ______________________ 4/27/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) [ ]

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUILLERMO ROBLES 520 BRICKELL KEY DRIVE, STE 0-305 MIAMI, FL 33131	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUILLERMO ROBLES 5161 COLLINS AVENUE, NO. 917 MIAMI BEACH, FL 33140	[X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBERTO ROBLES 520 BRICKELL KEY DRIVE, STE 0-305 MIAMI, FL 33131	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBERTO ROBLES 5161 COLLINS AVENUE, NO. 917 MIAMI BEACH, FL 33140	[X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition

CR2E034 (9/99)

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 607, 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: ______________________ 4/27/01 (305)446-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
GUILLERMO ROBLES, DIRECTOR