
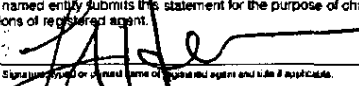
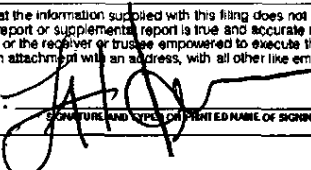


10085014

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000111963			
1. Entity Name DEMPSEY INVESTMENTS CORP.			
Principal Place of Business 1300 BRICKELL AVENUE MIAMI, FL 33131		Mailing Address 1300 BRICKELL AVENUE MIAMI, FL 33131	
2. Principal Place of Business Same		3. Mailing Address 2 So Biscayne Blvd Suite, Apt. #, etc. 1570	
City & State Miami, FL		4. FEI Number 65-1061656	
Zip 33131		Country USA	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent BAYONA, JUAN PABLO 1300 BRICKELL AVENUE MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Lawrence R. Heller, Esquire Street Address (P.O. Box Number is Not Acceptable) Suite 1570 2 South Biscayne Blvd City Miami FL Zip Code 33131	
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 		Lawrence R. Heller, Esq. Reg. Agt & D DATE 4/23/03	
FILE FILING FEES: \$160.00 After May 1, 2003 fees will be \$660.00 Make Check Payable to Florida Department of State		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 PD NAME DUMONET, HECTOR STREET ADDRESS 1300 BRICKELL AVENUE CITY-ST-ZIP MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME Dumontet, Hector STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME CONEA, MARIA REINA STREET ADDRESS 1300 BRICKELL AVENUE CITY-ST-ZIP MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME Correa, Maria Reina STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE D NAME Lawrence R. Heller STREET ADDRESS Two So. Biscayne Blvd # 1570 CITY-ST-ZIP Miami, FL 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-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)(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 empowerments.			
SIGNATURE 		Lawrence R. Heller, D/ (305) 358-3580 DATE 4/23/03	

CR20034 (10/02)