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

Apr 09, 2002 8:00 am Secretary of State DOCUMENT # P01000001075 1. Entity Name 04-09-2002 90735 011 ***155.00 Buscandonos.com Inc. 80061787 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 8209 N. Pine Island Rd. 8209 N. Pine Island Rd. Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite #160 Suite #160 City & State City & State 4. FEI Number Applied For Tamarac, Florida Tamarac, Florida 65-1069528 Not Applicable Zip 33321 Country U.S.A. Country \$8.75 Additional 5. Certificate of Status Desired 33321 U.S.A. Fee Required 7. Name and Address of Current Registered Agent Name Carlos Sebastian Castro DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 8209 N. Pine Island Rd. Suite #160 Zip Code Tamarac FL 33321 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. Carlos Sebastian Castro, CEO & General Manager 3/28/2002 (NOTC: Registered Agent signature required when reinstating) January 1: May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee Is \$550.00 10. Election Compaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS THLE TALL CEO & General Manager MAME Carlos Sebastian Castro NAME STREET ADDRESS 8209 N. Pine Island Rd. Suite #160 STREET ADDRESS Tamarac, Florida 33321 CHY-SI-ZIP City St ZP. HILE ME NAME NAME STREET AERORESS STREET ADDRESS CITY-ST-ZIP COTY ST-ZIP TIME mic NAME NAME STREET ADDRESS STREET ADDORESS DO NOT WRITE CITY-ST-ZIP CHY-ST-7# me mie IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CHY ST DE CBY-St-7F Hitt JIRE NAME NAME STREET ADDRESS STREET ADOREST CITY-ST-ZIP CHY-SI-7# tin r ine NAME HALI STREET ADDRESS STREET ADDRESS CHIY-SI-ZIP CITY ST DP

13. Thereby 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 logal effect as if made under each; that t am an officer or director of the corporation or the receiver at trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE

Carlos Sebastian Castro, CEO & General Manager

3/28/2002

801-484-0914

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR