


FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90434 029 ***150.00

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

DOCUMENT # P01000001661

1. Entity Name
CAMANCHACA, INC.



80088672

Principal Place of Business 7200 NW 19TH STREET SUITE 204 MIAMI, FL 33126	Mailing Address 7200 NW 19TH STREET SUITE 204 MIAMI, FL 33126
--	--



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 7200 NW 19th Street Suite, Apt. #, etc. Suite 410	3. Mailing Address 7200 NW 19th Street Suite, Apt. #, etc. Suite 410
---	---

City & State Miami, FL	City & State Miami, FL	4. FEI Number 65-1068766	Applied For Not Applicable
Zip 33126	Country US	Zip 33126	Country US

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
--

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
 ONE SE THIRD AVENUE 28TH FLOOR
 MIAMI, FL 33131

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!!! FEES \$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 NAME STREET ADDRESS CITY-ST-ZIP	DCCE FERNANDEZ GARCIA, JORGE <input type="checkbox"/> Delete 7200 NW 19TH STREET, SUITE 204 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST ROSS, GUSTAVO <input type="checkbox"/> Delete 7200 NW 19TH STREET, SUITE 204 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERSON, TORBEN <input checked="" type="checkbox"/> Delete 7200 NW 19TH STREET, SUITE 204 MIAMI, FL 33126
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Francisco Javier Errandonea 7200 NW 19th Street, Suite 410 Miami, FL 33126 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCCE Fernandez Garcia, Jorge <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7200 NW 19th Street, Suite 410 Miami, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Ross, Gustavo <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7200 NW 19th Street, Suite 410 Miami, FL 33126.
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

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: _____ DATE: 4/15/03

HERE SIGN

CR2E034 (10/02)