

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000003072

FILED
Apr 25, 2003
Secretary of State

Entity Name: BINARY EXPRESSIONS, INC.

Current Principal Place of Business:

PO BOX 970633
MIAMI, FL 33197

New Principal Place of Business:

Current Mailing Address:

PO BOX 970633
MIAMI, FL 33197

New Mailing Address:

FEI Number: 35-2158742

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SASSO, PAUL R ESQ
7721 SW 62ND AVENUE
MIAMI, FL 33143 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CEDRAS, DANIEL A
Address: PO BOX 970633
City-St-Zip: MIAMI, FL 33197

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: O () Change (X) Addition
Name: GAETJENS, WILHELM
Address: PO BOX 970633
City-St-Zip: MIAMI, FL 33197

Title: O () Change (X) Addition
Name: SHARMA, NISHA
Address: PO BOX 970633
City-St-Zip: MIAMI, FL 33197

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL A. CEDRAS

D

04/25/2003

Electronic Signature of Signing Officer or Director

Date