

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

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90094 013 ***150.00

DOCUMENT # **P01000004993**

1. Entity Name
Dextro Corp. ✓

DO NOT WRITE IN THIS SPACE

90087136

2. Principal Place of Business
4630 SW 45th
Suite, Apt. #, etc.
Miami Fl.
City & State

3. Mailing Address
4630 SW 45th
Suite, Apt. #, etc.
Miami Fl.
City & State

Zip **33134** Country **Dade.** Zip **33134** Country **Dade.**

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4. FEI Number
65-1078448 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name **Andrés A. Rodríguez**

Street Address (P.O. Box Number is Not Acceptable)
4630 SW 45th

City **Miami** 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 _____ DATE _____
Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when not a subsidiary)

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
DP	Andrés A. Rodríguez	4630 SW 45 th	Miami Fl 33134				
DVP	CARMEN B Rodríguez	4630 SW 45 th	Miami Fl 33134				
DST	EUMELIA L Ramos	4630 SW 4th St	Miami Fl 33134				

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **X** *Rodriguez* **03/21/03** **(305) 446-0378**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone Number

CR2E034B (12/01)