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

POI 000009226 DOCUMENT # 1. Entity Name

FILED 02 OCT 23 AM 10: 57

MORALES TRIM WOOD, CORY-				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 3. Mailing Address 2500 nw ko7 france 2500 nw ko		s Au	enue	,	
Suite, Apt. #, etc. 208 Suite, Apt. #, etc. 208			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DO NOT WRITE IN THIS SPACE	
City & State Miami FLORIDA	Migmi Florida		DA	4. FEI Number 65-1067594 Applied For Not Applicable	
33172 Country USA	33172	Coun	^{اری} کر	5. Certificate of Status Desired 25 \$8.75 Additional Fee Required	
•			}	7. Name and Address of Current Registered Agent	
DO NOT WRITE IN THIS SPACE			///KRO 10/0races		
			Street Address (P.O. Box Number is Not Acceptable)		
			City MiAn	ni FL Zin Code シュ	
8. The above named entity submits this state ment for	r the purpose of changing its	registere	ed office or register		
SIGNATURE Signature, typed or project mail: signature in the signature required when reinstating) OATE OATE					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) January 1 May After May 1 Amended (Make Check Payable)			ee is \$150.00 a \$550.00 s \$81.25	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
11. OFFICERS AND TITLE PRESIDENT	DIRECTORS		7		
NAME STREET ADDRESS CITY-SI-ZIP Miami, FLORIDA.	nue #208	5000000		800008548388 10/23/02-01074-003 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		9000000		800008548388 10/23/0201074004 **8.75	
TITLE NAME STREET ADDRESS - CITY: S1-ZIP		3000000		DO NOT WRITE	
TITLE NAME		1111		IN THIS SPACE	
STREET ADDRESS CITY-ST-ZIP		2000000	FFABORESS ST-EP		
TIFLE NAME STREET ADDRESS CITY-ST-ZIP		Eili Maan Sec		180/25	
NAME STREET ADDRESS CITY-ST- ZIP -		COD	FARRESS SE 3P	ction 119 07(3)(i) Florida Statutes - Further certify that the information	

indicated on this report or supplemental report is true and accurate and true 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 trusted 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:

Horales Trin Hood, Gerp

2500 nw 107 avenue # 208 Miami, Florida. 33172. 305-3450556

Division of Corporation UNIFORM BUSINESS REPORT FILING P.O. BOX 1500 TALLAHESSEE, FLORIDA. 32302-1500

We write this letter to communicate that:

We don't we receive the form UBR and that by own initiative are filling it and sending it. We ask excuses by the delay, we enclose Money order for 150 and 8.75 (Certificate Status). We appreciate if you can make the changes at the status of our Corporation (Morales Trim Wood, CORP.) EIN #
Many Thanks

Mirko Morales

President