
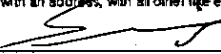


FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90103 024 ***150.00

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

10038277

DOCUMENT # P01000011113 1. Entity Name PIAZZA DEVELOPMENT CORP					
Principal Place of Business 1925 BRICKELL AVENUE SUITE D206 MIAMI, FL 33129		Mailing Address 1925 BRICKELL AVENUE SUITE D206 MIAMI, FL 33129			
2. Principal Place of Business 8090 W. 23 Ave.		3. Mailing Address 8090 W. 23 Ave.			
Suite, Apt. #, etc. BAY #1		Suite, Apt. #, etc. BAY #1			
City & State HIALEAH		City & State HIALEAH			
Zip 33016	Country USA	Zip 33016	Country USA	4. FEI Number 65-1074906	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BESU, ROGER 1925 BRICKELL AVENUE SUITE D206 MIAMI, FL 33129			7. Name and Address of New Registered Agent Name SILVANO SAKAL Street Address (P.O. Box Number is Not Acceptable) 8090 W. 23 AVE BAY #1 City HIALEAH FL Zip Code 33016		
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 SILVANO SAKAL, President. DATE 3/10/03					
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when necessary) DATE		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE DP	NAME SAKAL, SILVANO		TITLE <input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 12966 BISCAYNE BLVD 314			STREET ADDRESS 8090 WEST 23 AVE. BAY #1		
CITY-ST-ZIP MIAMI, FL 33181			CITY-ST-ZIP HIALEAH FL 33016		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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: 			SILVANO SAKAL 3/10/03 (305)818-6786		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Corporate Phone #		

CFR034 (10/02)