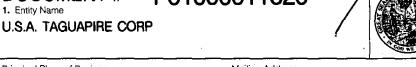
2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P01000011620

DOCUMENT #



Principal Place of Business Mailing Address 10315 N.W. 9TH ST CIRCLE 10315 N.W. 9TH ST CIRCLE SUITE 506 SUITE 506

MIAMI FL 33172 MIAMI FL 33172

2. Principal Place of Business		3. Mailing Address		
Suite, Apt.,#, etc	3	Suite, Apt. #, etc.		
City & State		City & State		



09-04-2003 90068 040 ***550.00

DATE

Suite, Apt. #, etcSuite, Apt. #, etc				CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 65-1077912		Applied For	
				00 10/1912		Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired		75 Additional Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
• ::			Name				
DE JESUS ESCALA, WILFREDO 10315 N.W. 9TH ST CIRCLE			. Street Addr	Street Address (P.O. Box Number is Not Acceptable)			
SUITE 506		,					
MIAMI FE 331	72	·	City		FL	ip Code	

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.

(NOTE: Registered Agent signature required when reinstating)

SIGNATURE. Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!!~FEE IS \$550.00		
After September 10, 2003 Fee will be \$750.00		
Make Check Dayable to Floride Department of State	1	

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

				<u> </u>		
10. OFFICERS AND DIRECTORS			11.	ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD DE JESUS ESCALA, WILFREDO 10315 N.W. 9TH ST CIRCLE MIAMI FL 33172	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RAMIREZ, LISBETH 10315 N.W. 9TH ST CIRCLE MIAMI FL 33172	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	Addition
TITLE NAME		☐ Delete	TITLE -NAME		Change	Addition
STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	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. WILFREDO DEJESUS ESCALA.

SIGNATURE:

PRESIDENT.

Daytime Phone #