


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90145 020 ***158.75

DOCUMENT # P01000019173

1. Entity Name
SEND MONEY 4 U INC.



Principal Place of Business
3211 NORTH FEDERAL HIGHWAY
POMPANO BEACH FL 33064

Mailing Address
1550 NE MIAMI GARDENS DR
STE 404
MIAMI FL 33179

2. Principal Place of Business
1550 NE MIAMI GARDENS DR

3. Mailing Address
THE SAME AS ABOVE

Suite, Apt. #, etc. 404

City & State MIAMI, FL

Zip 33179 Country USA



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139

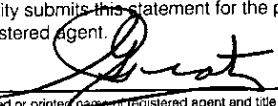
7. Name and Address of New Registered Agent

Name GABRIEL PRATS

Street Address (R.O. Box Number is Not Acceptable)
2121 PONCE DE LEON BLVD
SUITE 240

City CORAL GABLES 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MARTINEZ, VALTER R | |
| STREET ADDRESS | 3211 NORTH FEDERAL HIGHWAY | |
| CITY-ST-ZIP | POMPANO BEACH FL 33064 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARTINEZ, VALTER R | |
| STREET ADDRESS | 1550 NE MIAMI GARDENS DR # 404 | |
| CITY-ST-ZIP | MIAMI, FL 33179 | |
| TITLE | V P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | NEVES, ALFREDO | |
| STREET ADDRESS | 1550 NE MIAMI GARDENS DR # 404 | |
| CITY-ST-ZIP | MIAMI, FL 33179 | |
| TITLE | SECRETARY, TREASURER | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MODULO, GILBERTO J | |
| STREET ADDRESS | 1550 NE MIAMI GARDENS DR # 404 | |
| CITY-ST-ZIP | MIAMI, FL 33179 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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:  **SIGNATURE REQUIRED** 3/4/03 305-500 9978

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

CR2E034 (10/02)