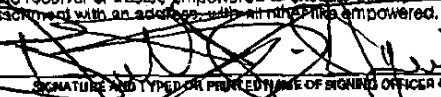


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90741 001 ***150.00
05-05-2003 90741 002 *****8.75

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

DOCUMENT # P01000021495			
1. Entity Name ETTRA, INC.			
Principal Place of Business 1221 BRICKELL AVENUE SUITE 923 MIAMI, FL 33131		Mailing Address 1036 NW 32 PL MIAMI, FL 33125	
2. Principal Place of Business 5201 Blue Lagoon Dr. Suite, Apt. #, etc. Miami, FL 33126 City & State Suite 917		3. Mailing Address 5201 Blue Lagoon Dr. Suite, Apt. #, etc. Miami, FL 33126 City & State Suite 917	
Zip Country		Zip Country	
4. FEI Number 65-1130747		☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent RODRIGUEZ AGUILERA, BETINA 1036 NW 32 PL MIAMI, FL 33125		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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	
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO RODRIGUEZ AGUILERA, BETINA 1036 N.W. 32ND PLACE MIAMI, FL 33126 ☐ 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 STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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)(1), 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 rights reserved.			
SIGNATURE: 		Date 4-28-03 80514915 5884	