


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

05-05-2003 91438 021 ***150.00

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

DOCUMENT # P01000026856		
1. Entity Name ALTA DEFINICION WORLDWIDE CORP.		
Principal Place of Business 6995 NW 82ND AVE. NO. 34 MIAMI, FL 33166		Mailing Address 6800 SW 40 ST., #431 MIAMI, FL 33155
2. Principal Place of Business 6810 TORDERA ST Suite, Apt. #, etc.		3. Mailing Address 6810 TORDERA ST Suite, Apt. #, etc.
City & State CORAL GABLES, FL		City & State CORAL GABLES FL
Zip 33146	Country	Zip Country
4. FEI Number 65-1083919		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 DE SOLMINIHAC, ANDRES 6995 NW 82ND AVE. NO. 34 MIAMI, FL 33166		7. Name and Address of New Registered Agent Name ANDRES DE SOLMINIHAC Street Address (P.O. Box Number is Not Acceptable) 6810 TORDERA ST City CORAL GABLES FL Zip Code 33146
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 4/30/03 <small>(NOTE: Registered Agent's signature required when resigning)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee Will be \$650.00 Make Check Payable to Florida Department of State		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 NAME STREET ADDRESS CITY-ST-ZIP	PSD DE SOLMINIHAC, ANDRES 6995 NW 82ND AVE. NO. 34 MIAMI, FL 33166 <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
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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 supplementary 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: _____ PRESIDENT 4/30/03 (305) 443-2928 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Caytime Phone #		

CFR2034 (10/02)