


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90070 013 ***150.00

DOCUMENT # P01000038497	
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1. Entity Name INTERAVIA, INC.	Principal Place of Business 1181 S ROGERS CIR. #12 BOCA RATON FL 33487	Mailing Address 1181 S ROGERS CIR. #12 BOCA RATON FL 33487
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
4. FEI Number 65-0781828	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
BAKER, SCOTT 4268 WORKER DR. LAKE WORTH FL 33467

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

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

10. OFFICERS AND DIRECTORS	
TITLE	NAME
PD	BAKER, SCOTT
STREET ADDRESS	4268 WORKER DR. WOKKER DR.
CITY-ST-ZIP	LAKE WORTH FL 33467
TITLE	NAME
VD	MILOSAVLJEVIC, KOSTA
STREET ADDRESS	9876 MAJORCA PL. 6458 PONDAPPLE RD
CITY-ST-ZIP	BOCA RATON FL 33434 BOCA RATON FL 33433
TITLE	NAME
TD	OPREA, MARIANA
STREET ADDRESS	746 ST. ALBAHS DR.
CITY-ST-ZIP	BOCA RATON FL 33486
TITLE	NAME
TITLE	NAME
TITLE	NAME

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME
PD	BAKER SCOTT
STREET ADDRESS	4268 WORKER DR.
CITY-ST-ZIP	LAKE WORTH FL 33467
TITLE	NAME
VD	MILOSAVLJEVIC KOSTA
STREET ADDRESS	6458 PONDAPPLE RD
CITY-ST-ZIP	BOCA RATON FL 33433
TITLE	NAME
TD	MARIANA OPREA
STREET ADDRESS	746 ST ALBAHS DR.
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	NAME
TITLE	NAME
TITLE	NAME

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: *Milosavljevic Kosta* **01/06/03 561-241-3601**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)