

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

**FILED**  
**Jul 12, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90026 031 \*\*\*150.00

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| <b>DOCUMENT #</b> P01000039760                     |
| <b>1. Entity Name</b><br>Buy Owner Investment Inc. |

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| <b>DO NOT WRITE IN THIS SPACE</b> |
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| <b>2. Principal Place of Business</b><br>901 Ponce de Leon Blvd.<br>Suite, Apt. #, etc.<br>Ste 606<br>City & State<br>Coral Gables, FL<br>Zip<br>33134 | <b>3. Mailing Address</b><br>Suite, Apt. #, etc.<br>City & State<br>City<br>Country<br>Country |
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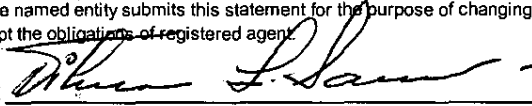
**54061670**

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| <b>4. FEI Number</b><br>65-1106377                               | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b>                         |

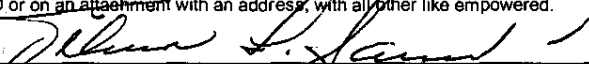
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| <b>7. Name and Address of Current Registered Agent</b>                                       |                                    |
| <b>Name</b><br>Vilma Samur   |                                    |
| <b>Street Address (P.O. Box Number is Not Acceptable)</b><br>901 Ponce de Leon Blvd. Ste 606 |                                    |
| <b>City</b><br>Coral Gables  | <b>FL</b> <b>Zip Code</b><br>33134 |

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| <b>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.</b><br><br>SIGNATURE <br>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE |
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| <b>January 1 - May 1 Fee is \$150.00</b><br><b>After May 1, Fee is \$550.00</b><br><b>Amended UBR is \$61.25</b><br><b>Make Check Payable to Florida Department of State</b> | <b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
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| <b>10. OFFICERS AND DIRECTORS</b>                         |   |   |                                   |
|---|---|---|-----------------------------------|
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | President<br>Gloria Rodriguez<br>901 Ponce de Leon Blvd. Ste 606<br>Coral Gables, FL 33134  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | Vice-President<br>Vilma Samur<br>901 Ponce de Leon Blvd., Ste 606<br>Coral Gables, FL 33134 | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>DO NOT WRITE IN THIS SPACE</b> |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                   |

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| <b>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 on an attachment with an address, with all other like empowered.</b> |
| <b>SIGNATURE:</b> <br><b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>   |
| <b>Date</b> _____ <b>Daytime Phone #</b> _____   |

CR2E034B (12/02)

*Attachment* 54061620

Buy Owner Investments Inc.  
901 Ponce de Leon Blvd., Ste 606  
Coral Gables, FL 33134

July 5, 2004

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

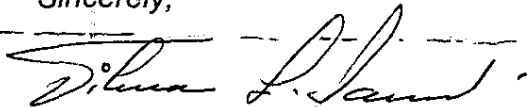
**Re: Document # P01000039760**

To Whom It May Concern:

Please be advised that we changed our mailing address to 901 Ponce de Leon Blvd., Ste 606, Coral Gables, FL 33134. Accordingly, we did not receive on a timely basis the Uniform Business Report for the year 2004. Attached please find a check for \$150.00 for the filing fees. We respectfully request that you abate any penalties assessed to our account and reinstate our Corporation to an active status.

If you should have any questions or doubts regarding this letter please do not hesitate to contact my accountant, Susan M. Garcia, at (305) 446-7313 Monday-Friday between the hours of 9am to 5pm.

Sincerely,



Vilma Samur