

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90364 028 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000044021

1. Entity Name
THINKING BIG INVESTMENTS, CORP.



Principal Place of Business
9251 SW 138 PL
MIAMI, FL 33186

Mailing Address
9251 SW 138 PL
MIAMI, FL 33186

2. Principal Place of Business
14710 SW 156 AVE

Suite, Apt. #, etc.

3. Mailing Address
14710 SW 156 AVE

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33196

Zip
33196

Country

4. FEI Number
65-1100481

Applied For
Not Applicable

5. Certificate of Status Desired
 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REMOLINA, PAUL I
9251 SW 138 PL
MIAMI, FL 33186

Name

Street Address (P.O. Box Number Is Not Acceptable)

14710 SW 156 AVE

City
MIAMI

FL Zip Code
33196

8. The above named entity submits the 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

Signature, typed or printed name of registered agent and title if applicable.

(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

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

PD
REMOLINA, PAUL I
9251 SW 138 PL
MIAMI, FL 33186

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
HUGO, CASTRO R
9251 SW 138 PL
MIAMI, FL 33186

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
REMOLINA, PAUL I
14710 SW 156 AVE
MIAMI FL 33196

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
HUGO CASTRO
14710 SW 156 AVE
MIAMI FL 33196

Change Addition

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)(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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/03

Date

Daytime Phone #

CR2E034 (10/02)