

**FILED**  
**Apr 15, 2003 8:00 am**  
**Secretary of State**

04-15-2003 90262 001 \*\*\*600.00

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

<b>DOCUMENT # P01000047061</b> 1. Entity Name <b>ACERBUS CORPORATION</b>		
Principal Place of Business 1221 BRICKELL AVENUE SUITE 1100 MIAMI, FL 33131		Mailing Address 1221 BRICKELL AVENUE SUITE 1100 MIAMI, FL 33131
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <i>1901 Brickell Ave</i> Suite, Apt. #, etc. <i>2301 B</i>
City & State <i>Miami Fla</i>		4. FEI Number <b>65-1102328</b>
Zip Country <i>33129 USA</i>		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> Certificate of Status Desired
5. Name and Address of Current Registered Agent <b>AGRAMUNT, LUIS</b> 1221 BRICKELL AVENUE SUITE 1100 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name <i>SAURA, LUCIA</i> Street Address (P.O. Box Number is Not Acceptable) <i>5300 NW 30th TERRACE</i> City <i>MIAMI</i> FL <i>33122</i>
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 _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when necessary)</small>		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		10. OFFICERS AND DIRECTORS <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAURA MAS, ANTONIO 1221 BRICKELL AVENUE SUITE 1100 MIAMI, FL 33131	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAURA SOTILLOS, JORGE A 1221 BRICKELL AVENUE SUITE 1100 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAURA SOTILLOS, LUCIA 1221 BRICKELL AVENUE SUITE 1100 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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 an attorney-like empowered.		
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>FEB. 07<sup>th</sup> 2003</i> (786) 395-9879

CH2E034 (10/02)