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

## **DOCUMENT #**

P01000050484



## FILED Mar 10, 2003 8:00 am Secretary of State

NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	1. Entity No.	ame OD CORP.	30000101			03-10-2003 901	57 007 ***150	).00
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Sulle, Apt. #, oto.   Sulle, Apt. #, etc.   City & State   A. FEI Number 65-1110163   Applied For International Country   Zp   Country   S. Certificate of Sintus Desired   S.75 Additional Positional State   S.75 Additional Positional Positional State   S.75 Additional Positional Positional State	2. Principal	Place of Business	3. Mailing Address					
City & State  Country  Country  Country  Country  Country  S. Certificate of Status Desired  S. Certificate of Status Desired of Status Desired  S. Certificate of Status Desired of Status Desired  S. Certificate of Status Desired of New Registered Agent  To Name and Address of New Registered Agent  Server Address (P.O. Box Number is Not Acceptable)  Server Address (P.O. Box Number is Not Acceptable)  Server Address of P.O. Box Number is Not Acceptable  City  FL  Zip Code  City	Suite, Apt. #, etc. Suite, Apt. #, etc.							
SANCHEZ GOLDFORT, FERNANDO  1720 NE-160TH-STREET  NORTH MIAMI BEACH FL 33162  6. Name and Address of Current Registered Agent  NORTH MIAMI BEACH FL 33162  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the originators of registered agent, or both, in the State of Florida. I am familiar with, and accept the originators of registered agent.  SIGNATURE  Synone have given level of registered agent lists a spilection  After May 1, 2009 Fee will be \$550.00  After May 1, 2009 Fee will be \$550.00  Make Check Physible to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  MAKE  SANCHEZ GOLDFART, FERNANDO  1720 NE 160TH STREET  NORTH MIAMI BEACH FL 33162  DIP STATE ADDITIONS STREET ADDITIONS STRE	City & Sta	ate	City & State		4	4. FEI Number 65-1110163 Applied For		
SANCHEZ-GOLDFORT, FERNANDO  1720 NE-160TH-STREET NORTH MIAMI BEACH FL 33162  City FL Zip Code  8. The above named unity submits this statement for the purposes of changing its registered office or registered agent, or both, in the State of Fonda. I am familiar winh, and accept the collegations of registered agent.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SOUND FILE-NOW!!!!=FEE:IB.\$150.00  After Miay 1, 2003 Fee will be \$55.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  MAKE  SIREF ANDRESS  OTY-51-2P  TILE  DVP  SANCHEZ GOLDFART, FERNANDO  1720 NE 1601TH STREET  NORTH MIAMI BEACH FL 33162  OTY-51-2P  TILE  MAKE  SIREF ANDRESS  OTY-51-2P  TILE  MAKE  MAKE  MAKE  SIREF ANDRESS  OTY-51-2	Zip			Country	5		\$8.75 Ac	dditional
SANCHEZ-GOLDFORT, FERNANDO  1720 NE -160TH -STREET NORTH MIAMM BEACH FL 33162  City	6. Name and Address of Current Registered Agent							
NORTH MIAMI BEACH FL 33162    City	,			Name	-	The state of the s	itered Agent	
NORTH MIAMI BEACH FL 33162  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the cologations of registered agent.  SIGNATURE  Signature File: NOW:III-FEBS:IS:S180.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  OFFICERS AND DIRECTORS  11. ADDITIONS/GHANGES TO OFFICERS AND DIRECTORS IN 11  NAME  SANCHEZ GOLDFART, FERNANDO 1720 NE 1601Th STREET  ORTH MIAMI BEACH FL 33162  DVP JOHN STREET NORTH MIAMI BEACH FL 33162  Deade  TITLE  NAME  SIRET ADDRESS  ORTY-S1-ZIP  TITLE  NAME  SIRET ADDRESS  ORTY-S1-ZIP  TITLE  NAME  SIRET ADDRESS  ORTH-S1-ZIP  Addition  NAME  SIRET ADDRESS  ORTH-S1-ZIP  ADDRESS  ORTH-S1-ZIP  ADDRESS  ORTH-S1-ZIP  TITLE  ORTH-S1-ZIP  ADDRESS  ORTH-S1-ZIP  TITLE  ORTH-S		Street Add	Street Address (P.O. Box Number is Not Acceptable)					
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 cologations of registered agent.  SIGNATURE    FILE-NOW.III-FEE.IB_S180.00								
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	12. I hereby co	ertify that the information supplied with the	nis filing does not qualify for		Section	119 07(3)(i) Florida Statutas 15	or contiferable and	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Fernanco Sanewez

01-31-03 305-848.4512