

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90232 022 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000056479			
1. Entity Name INBUSS CORPORATION			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 10613 N.W. 52 Terrace		3. Mailing Address 10613 N.W. 52 Terrace	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33178	Country USA	Zip 33178	Country USA
4. FEI Number Applied For		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE			
7. Name and Address of Current Registered Agent			
Name Arnold Powell			
Street Address (P.O. Box Number is Not Acceptable)			
8525 N.W. 53 Terrace, #105			
City Miami		FL Zip Code 33166	
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.			
SIGNATURE <i>Arnold Powell</i> DATE 3-7-02 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent Signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Zobeida Restrepo 10613 N.W. 52 Terrace Miami, FL 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. 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 11 or on an attachment with an address, with all other like empowered.			
SIGNATURE <i>Zobeida Restrepo</i> DATE 3/7/02 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

CR2E034B (12/01)