

FILED

03 MAY -2 AM 10: 07

03 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000064291
1. Entity Name

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
323 SW 23 Ave
Suite, Apt. #, etc.

3. Mailing Address
City & State
City & State
Zip Country USA Zip Country

DO NOT WRITE IN THIS SPACE

City & State
Miami, FL
Zip 33135 Country USA

4. FEI Number 65-1119891 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name Elio Vazquez
Street Address (P.O. Box Number is Not Acceptable)
6789-Coral Way
City Miami, FL Zip Code 33155

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when consolidating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$350.00
Amended UBR is \$61.25
Make Check Payable to Department of State

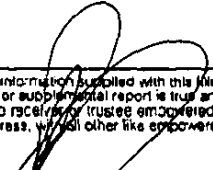
10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fee

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Pereda Benigno R. Jr. 323 SW 23 Ave Miami, FL 33135 PSTD
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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, when all other like empowered.

SIGNATURE:  PRECIDENT Case _____ Date/Time _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR02108 (12/01)

8/5/6