

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

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90481 025 ***150.00

DOCUMENT # P01000070709
1. Entity Name
NUEVO MUNDO RANCH, Corp

44045374

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
19375 SW 136th St
Suite, Apt. #, etc.

3. Mailing Address
19375 SW 136 St
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State MIAMI FL City & State MIAMI FL 4. FEI Number 02-0553281 Applied For
Not Applicable

Zip 33196 Country USA Zip 33196 Country USA 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 KABA, MOISES III
Street Address (P.O. Box Number is Not Acceptable)
2460 SW 137 Avenue
Ste 251
City MIAMI FL Zip Code 33175

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 Moises Kaba DATE 4/29/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when amending)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
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. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>RABA, MOISES III</u> <u>2460 SW 137 Ave., Ste 251</u> <u>MIAMI, FL 33175</u>	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)(f), 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: Moises Kaba DATE 4/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)