

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

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91343 023 ***150.00

DOCUMENT # **PO10000 71962**
1. Entity Name: **FERGRA, INC.** ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 13290 SW 88th LANE		3. Mailing Address 13290 SW 88th LANE	
Suite, Apt. #, etc. Suite 209-A		Suite, Apt. #, etc. Suite 209-A	
City & State Miami, FLA		City & State Miami, FLA	
Zip 33186	Country USA	Zip 33186	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0580303	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 FERNANDO M. NAVARRA
Street Address (P.O. Box Number is Not Acceptable) 13290 SW 88th LANE
Suite 209-A
City Miami, FL Zip Code 33186

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

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
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11. OFFICERS AND DIRECTORS			
TITLE P, T	NAME FERNANDO M. NAVARRA	TITLE	
STREET ADDRESS 13290 SW 88th LANE	STREET ADDRESS	STREET ADDRESS	
CITY-STATE-ZIP Suite 209-A, Miami FL 33186	CITY-STATE-ZIP	CITY-STATE-ZIP	
TITLE VP	NAME GRACIELA FLOREZ	TITLE	
STREET ADDRESS 13290 SW 88th LANE	STREET ADDRESS	STREET ADDRESS	
CITY-STATE-ZIP Suite 209-A, Miami FL 33186	CITY-STATE-ZIP	CITY-STATE-ZIP	
TITLE S	NAME LORENA VILLAMIZAR	TITLE	
STREET ADDRESS 13290 SW 88th LANE	STREET ADDRESS	STREET ADDRESS	
CITY-STATE-ZIP Suite 209-A, Miami FL 33186	CITY-STATE-ZIP	CITY-STATE-ZIP	
TITLE	NAME	TITLE	
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	
CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP	
TITLE	NAME	TITLE	
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	
CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP	
TITLE	NAME	TITLE	
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	
CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP	

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 officers empowered.

SIGNATURE: *[Signature]* **05/09/2002 (305) 385-5867**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)