FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 07, 2002 8:00 am Secretary of State 04-07-2002 90068 017 ***150.00

DOCUMENT # PO10000 72753 (Afe 701, INC. 72753)					-07-2002 90068 017 *		
[DO NOT WRITE	B0057 692					
2. Principal P	Place of Business	3. Mailing Address	ell Ave				
Suite, Apt. #, etc. Suite, Apt. #, etc.			BB4.	DO NOT WRITE IN THIS SPACE			
City & State MAM, FL- M(AM), I			- 	4. FEI Number Applied For Not Applied For Not Applicable			
Zip_ / Country Zip_		Zip_	Country 5 Cartific		Status Desired	8.75 Additional	
33131 USA 33/31			<u>usa</u>	7. Name and Address of Current Registered Agent			
DO NOT WRITE Street Address							
			Street Address (P.O. Box Number is Not Acceptable) 7200 5W 108 TETRACE				
<u> </u> 	in this sp	ACE					
		City MIA	IAMC FL Zip Code 33/56				
8. The above	named entity submits this statement for	the purpose of changing its reg	istered office or register	red agent, or both, ir	the State of Florida.		
SIGNATURE .	Kehard 4/30	nomo	- 		3/03/0a		
	Signature, typed or printed name of registered agent an		gistered Agent signature required 1 Fee is \$150.00	d when reinstating)	/ DĀTE		
- Tax filing requirement and elects to do so. After May 1 Amended			Fee is \$550.00 BR is \$61.25 to Department of Sta	Trust F	n Campaign Financing und Contribution.	\$5.00 May Be Added to Fees	
11.	PD OFFICERS AND C	PIRECTORS	TITLE				
NAME	RICHARD BONOM	NAME			1		
STREET ADORESS CITY-ST-ZIP	7200 SW 108 Terrace		STREET ADDRESS CITY-ST-ZIP				
TITLE	MIAMI, PC 33/3	56	TITLE		<u>, ,</u>		
NAME	KAthryn Bonomo		NAME				
STREET ADDRESS CITY-ST-ZIP	7200 BW 108 Arrace		STREET ADDRESS CITY+ST-ZIP			}	
TITLE	MIANU, PC 33	150	TITLE				
NAME.		·	NAME				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	. DO	NOT WRIT	E	
TITLE			TITLE	7333		 	
NAME		1	NAME	IN	THIS SPAC		
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TITLE			TIFLE				
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TITLE			TITLE				
NAME		(NAME				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
	certify that the information supplied with t	his filing does not qualify for the		ction 119.07(3)(i) FI	orida Statutes. I further certify	that the information	
indicated of the cor	certify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empore that the open supplemental than the control of the c	rue and accurate and that my s wered to execute this report as	ignature shall have the street required by Chapter 6	same legal effect as 07, Florida Statutes;	if made under oath; that I am and that my name appears i	an officer or director n Block 11 or on an	

SIGNATURE:



Attachnunt 12# PO**10000 127**53 60057682 3/23/02

Please Note: the following is the mailing address for Cafe 701, Dr. .

> lase 701 801 Mickell are/bobby Mianu, FL 33/31

attn Richard Bonomo

Surcerely, Relard Bouomo, President