FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED May 15, 2002 8:00 am Secretary of State

05-15-2002 90067 044 ***150 00

786-306-8936

Daytime Phone #

DOCUMENT # P 01000074735			05-15-2002 90067 044 ***150.00
]	Design Custom FLOO		
	DO NOT WRITE IN THIS	SPACE	659506
2. Principal Place of Business 5.040 We STWOOD LAKE Suite, Apt. #, etc. 3. Mailing Address Sante Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE
Lity & Sta			4. FEI Number Applied For
Zip	Country	Country	5. Certificate of Status Desired \$8.75 Additional
33(6	2		Fee Required
		Na <u>me</u> ⊸	7. Name and Address of Current Registered Agent
	DO NOT WRITE IN THIS SPACE	TRRN Street Address (5040	ANDEZ, 1006CR P.O. Box Number is Not Acceptable) W/O.S TWOOD LAKE DRIVE
		City M.	□ Zip Code
8. The above	e named entity submits this statement for the purpose of chang	Ging its registered office or register	FL Zip Code 3316-
Tax filing*	requirement and elects to do so. After Arte	(NOTE: Registered Agent signature required y 1 · May 1 Fee is \$150,00 r May 1, Fee is \$550,00 rended UBR is \$61,25	-10Election Campaign Financing \$5.00 May Be
11.	OFFICERS AND DIRECTORS	Payable to Department of State	B Added to Fees
TITLE NAME STREET ADDRESS CITY+ST-ZIP	PD FERNANDEZ, ROGER 5040 Westwood Lake DRIVE HIAMI - FLA - 33165	FFLE NAME STREET ACORESS CITY: ST-ZIP	
TITLE Name Street address City-St-Zip	STD Fernandez, Aurora 5040 Westwood Lake Drive MIAMI - FLA - 3316I	TITLE NAME STRIET ADDRESS CHY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		THEE NAME STREET ADDRESS GIY-ST-2P	DO NOT WRITE
itle		TITLE NAME STREF ADDRESS	IN THIS SPACE
ITLE IAME TREET ADDRESS ITY-ST-ZIP		CTY's ST-2IP TITLE NAME STREET ADDRESS CTY's ST-2IP	
ITLE IAME TREET ADDRESS ITY-ST-ZIP		CITY SE ZIP TITLE NAME STREET ADDRESS CITY SE ZIP	
3. I hereby ce indicated o of the corp attachment	ertify that the information supplied with this filing does not quali on this report or supplemental report is true and accurate and t loration or the receiver or trustee empowered to execute this I with an address, with all other like empowered.	ify for the exemption stated in Secti	on 119.07(3)(i), Florida Statutes. I further certify that the information ne legal effect as if made under oath; that I am an officer or director Florida Statutes; and that my name appears in Block 11 or on an