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

## FILED May 05, 2003 8:00 am Secretary of State 05-05-2003 90246 034 \*\*\*150.00

DOCUMENT # P01000089189  1. Entity Name					
ROSS	SELL & ASSOCIATES, I	INC.			
· · · · · · · · · · · · · · · · · · ·	DO NOT WRITE	IN THIS S	SPACE	90123717	
Principal Place of Business     1221 BRICKELL AVE.		3. Mailing Address 1221 BRICKELL AVE.			
Suite, Apt. #. etc. 9TH FLOOR		Suite, Apt. #, etc. 9TH FLOOR		DO NOT WRITE IN THIS SPACE	
City & State	L Washington	City & State MIAMI FL		4. FEI Number 651136198 Applied For Not Applicable	
<sup>Zip</sup> 33131	Country (*) USA	Zip <b>33131</b>	Country USA	5. Certificate of Status Desired S8.75 Additional Fee Required	
			Name A1A	e and Address of Registered Agent REGISTERED AGENT, INC. s (P.O. Box Number is Not Acceptable)	
* * * * * * * * * * * * * * * * * * * *			· L	ND AVENUE SUITE 1036	
			City MIAMI	FL Zip Code 33131	
SIGNATURE	named entity submits this statement for Voul Land or printed name of agristered agent an	PAUL SH	, i\ n	ered agent, or both, in the State of Florida.  CESTOENT 04-30-03  red when remstating) DATE	
Tax filing r (See criter	eration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	After M Amen Make Check Pay	- May 1 Fee is \$150.00 ay 1, Fee is \$550.00 ded UBR is \$61.25 yable to Department of Si	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution, Added to Fees	
TITLE	OFFICERS AND E	DIRECTORS	TITLE ,		9
NAME STREET ADDRESS CITY-ST-ZIP	ROSSELL, GUILLERMO 641 5TH AVE. 29G NEW YORK NY 10022		NAME STREET ADDRESS. CITY-ST-ZIP		CR2E034B (12/01)
TITLE NAME			TITLE ",		CR2E(
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TITLE NAME STREET ADDRESS			TITLE NAME STREET ADDRESS		
CITY-ST-ZIP	artify that the information countied with t	his filing does not such	for the exemption stated in 6	Social 10 O7(N)O Floring Scatter 15 States	

I hereby certify that the information supplied with this filling 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 like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alleria Land

GUILLERMO ROSSELL, DIRECTOR

04/17/03 Date

ZoS -995 -8290 Dayuma Phone #