2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mailing Address 1055 WEST 29TH STREET

SUITE #1 2ND FLOOR

HIALEAH FL 33012

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

P01000091834 DOCUMENT

1. Entity Name

Principal Place of Business

2. Principal Place of Business

1055 WEST 29TH STREET

Suite, Apt. #, etc.

DONATES, PEDRO C

1055 WEST 29TH STREET SUITE #1 2ND FLOOR

City & State

Zip

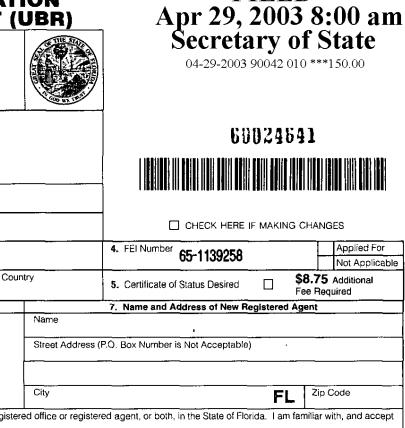
SUITE #1 2ND FLOOR

HIALEAH FL 33012

JACKSON-BLOCK & ASSOCIATES, INC.

Country

6. Name and Address of Current Registered Agent



FILED

HIALEAH FL 33012 Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Inen

Applied For

Not Applicable

NAME STREET ADDRESS	Donates, Pedro C 1055 West 29th Street Suite #1 21 Hialeah Fl 33012	ND FLOOR	NAME STREET ADDRESS CITY-ST-ZIP	∐ Change	Addition
NAME STREET ADDRESS	SD AAVINO-SOSA, VIVIAN 1 3931 SW 2 TERRACE MIAMI FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
STREET ADDRESS	TD FARMER, DAN 3971 SW 8 ST, #206 MIAMI FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition

12. 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 emowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or or an attachment with an address with all other like empowered.

SIGNATURE: