

2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90172 007 ***150.00

DOCUMENT # *PO1000091875*
 Entity Name *FLAPPY SERVICES, INC.*

Principal Place of Business *5140 N.E. 2nd CT. MIAMI, FL. 33137 APT. # 3*
 Mailing Address *SAME*

Principal Place of Business *5140 N.E. 2nd CT.*
 Suite, Apt. #, etc. *APT. #3*

City & State *MIAMI, FL.*
 Zip *33137*

3. Mailing Address *SAME*
 Suite, Apt. #, etc.
 City & State
 City & State
 4. FEI Number *80-0021643*
 Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

90032344

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
JORGE L. CALVO
5140 N.E. 2nd COURT
APT. 3
MIAMI, FL. 33137

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City *FL* Zip Code

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 *[Signature]* DATE *02-03-2003*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$550.00
After September 12, 2001. Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS		
TITLE <i>PRES/DIR</i> NAME <i>JORGE L. CALVO</i> STREET ADDRESS <i>5140 N.E. 2nd COURT</i> CITY-ST-ZIP <i>MIAMI, FL. 33137 APT 3</i>	<input type="checkbox"/> Delete	
TITLE <i>SEC/DIR</i> NAME <i>MARIA RAMIREZ</i> STREET ADDRESS <i>5140 N.E. 2nd COURT</i> CITY-ST-ZIP <i>MIAMI, FL. 33137 APT 3</i>	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: *02-03-2003*

CR2E034 (5/01)