

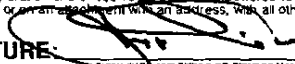


05-05-2003 91768 026 \*\*\*150.00

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

DOCUMENT # P01000091887			
1. Entity Name JUAN ALICEA, INC.			
Principal Place of Business 1409 HOLYHOCK STREET DELTONA, FL 32725		Mailing Address 1409 HOLYHOCK STREET DELTONA, FL 32725	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Name and Address of Current Registered Agent		4. FEI Number 59-3753977	
ALICEA, JUAN JR 1409 HOLYHOCK STREET DELTONA, FL 32725		Applied For Not Applicable	
5. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (If DFE, Registered Agent's signature required when submitting)</small>			
		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALICEA, JUAN JR	NAME	
STREET ADDRESS	1409 HOLYHOCK STREET	STREET ADDRESS	
CITY-ST-ZIP	DELTONA, FL 32725	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MESA A, JESUA JR	NAME	
STREET ADDRESS	990 SHORCREST	STREET ADDRESS	
CITY-ST-ZIP	DELTONA, FL 32725	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALICEA, JUAN SR	NAME	
STREET ADDRESS	1410 HOLYHOCK ST	STREET ADDRESS	
CITY-ST-ZIP	DELTONA, FL 32725	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 empowered 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 an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date: April 30/03 - (366)566-2719	
Typed or Printed Name of Signing Officer or Director		Date	

90128603



CHECK HERE IF MAKING CHANGES

CPREC04 (10/02)