


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

02-03

FILED

03 MAY -7 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000097812	
1. Entity Name TRAINING EXPERTS, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 520 BRICKELL KEY DR Suite, Apt. #, etc. 1116 City & State MIAMI FLORIDA Zip 33131 Country USA	3. Mailing Address 520 BRICKELL KEY DR Suite, Apt. #, etc. 1116 City & State MIAMI FLORIDA Zip 33131 Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1142989	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name LIGIA M. ZUNIGA	
Street Address (P.O. Box Number is Not Acceptable) 520 BRICKELL KEY DR #1116	
City MIAMI	Zip Code FL 33131

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 **X Ligia Zuniga**
Signature, type or printed name of registered agent and, if applicable, (NOTE: Registered Agent Signature required when making change) DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZUNIGA, LIGIA M. 520 BRICKELL KEY DR #1116 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200018941692 05/14/03--01051--030 **600
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **X Ligia Zuniga** **LIGIA M ZUNIGA 5/16/03 (786) 255-1221**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT** Date Daytime Phone #

CR2E04B (12/02)

2157

TRAINING EXPERTS, INC.


TO WHOM IT MAY CONCERN:
TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

DUE TO A CHANGE OF PRINCIPAL AND MAILING ADDRESS I NEVER RECEIVED FIRST NOR SECOND NOTICE FOR 2002 UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED IN THE ANNUAL REPORT .

CORDIALLY


LIGIA M. ZUNIGA
PRESIDENT