

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

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90232 034 ***158.75

DOCUMENT # **P01000100753**
1. Entity Name
ADVANCED NATURAL COMMUNICATION, INC

649717

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
13638 SW 142 AVE.
Suite, Apt. #, etc.

3. Mailing Address
7350 NW 7 ST
Suite, Apt. #, etc.
SUITE 104

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL.
Zip
33186
Country

City & State
MIAMI, FL.
Zip
33126
Country

4. FEI Number **65-1145899**
Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **HORACIO RODRIGUEZ**
Street Address (P.O. Box Number is Not Acceptable)
13638 SW 142 AVE
City **MIAMI** FL Zip Code **33186**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$8125
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P, V, S, T HORACIO RODRIGUEZ 13638 SW 142 AVE MIAMI, FL. 33186
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CR2E034B (12/01)

13. 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Horacio Rodriguez**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/2002. 1-786-2902728
Date Daytime Phone #