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

FILED Apr 02, 2003 8:00 am Secretary of State

DOCL	MENIT # P01000101881			THE STA	04-02-2003 90080 00	
DOCUMENT # P01000101881  1. Entity Name						
PIRATE	"S GOLD, INC.	·	/			
	DO NOT WRITE	IN THIS S	PAC	Ē		٠,
	in the second of		7.4			
2. Principal Place of Business 3. Mailing Address 169 EAST FLAGLER STREET 169 EAST FL			AGLER	STREET		٠
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
# <b>82</b> City & Stat	e	#82‡ City & State			4. FEI Number	Applied For
MIAMI		MIAMI, FL	Court	<u>-</u>	65-1146277	Not Applicable
Zip - 33131	Country	Zip <b>B3/131</b> ,	Count US	<u> </u>	5. Certificate of Status Desired	\$8.75 Additional Fee Required.
	general Communication Production and Communication			Name	7. Name and Address of Current Registere	d Agent
DO NOT WRITE				EUGENIO M. DELGADO Street Address (P.O. Box Number is Not Acceptable)		
	IN THIS SP	ACE TO S		169 E	AST FLAGLER STREET, #82	
	and we see that the second of			City MIAMI	FI	Zip Code , 33131.
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere		red agent, or both, in the State of Florida, I am	familiar with, and accept
#:	ions or registered agent.	•				•
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE	: Registered	Agent signature required	when reinstating) DATE	
	nuary, 1:-May, 1) Fee is \$150:00; After May 1; Fee is \$550:00 Amended UBR is \$61:25 Payable to Florida Department of \$	State -	,	,	Election Campaign Financing     Trust Fund Contribution.      Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.	, OFFICERS AND D	IRECTORS	Sure pa			
TITLE NAME	EUGENIO DELGADO		NAME			調は大学を
STREET ADDRESS CITY-ST-ZIP	169 EAST FLAGLER STRE	EET, #82‡	SHEE	ADDRESS:	en e	and the second s
TITLE	MIAMI, FL 33131		A TITLE	me.		
NAME	,		NAGE			
CITY-ST-ZIP	,	ه چيو په ميرمنشو مان احربين	SIPS	T Zi		Maria Di Santa Santa de Maria de Carta
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NAME			NAME.		🔆 🗆 IN THIS SPA	CERTIFIE
STREET ADDRESS CITY-ST-ZIP			STREE	AGCHESS T-76		
TITLE -			ATULE.			
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CITY-ST-ZIP		<u> </u>	Elly38	1-71-1		
TITLE			TITLE		r <b>a</b> g galakan kulus kerke a kerketan da kan 1923 A ay Carrie a San Armana a Marketan da ka	aminar iz e iz april 1900 de Pransis iz 1907 de 1915 de 1916
NAME STREET ADDRESS			STREE	ADDRESS	grading the second seco	
CITY-ST-ZIP			Ciry-	T-7IP		1

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: Y

FUCENIA DELCAR

1/20/02

(205) 271-8585