

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90230 011 ***158.75

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

DOCUMENT # P01000102784 1. Entity Name NITRON INTERNATIONAL, INC.		
Principal Place of Business 1063 SUNFLOWER CIRCLE WESTON, FL 33327		Mailing Address 1063 SUNFLOWER CIRCLE WESTON, FL 33327
2. Principal Place of Business 8358 W. OAKLAND PK BLVD Suite, Apt. #, etc. 201	3. Mailing Address 8358 W. OAKLAND PK BLVD Suite, Apt. #, etc. 201	
City & State SUNRISE FL	City & State SUNRISE FL	4. FEI Number 65-1145244
Zip 33351	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$81.75 Additional Fee Required
6. Name and Address of Current Registered Agent FERNANDEZ, LORRIE A 1063 SUNFLOWER CIRCLE WESTON, FL 33327		7. Name and Address of New Registered Agent Name AUGUSTO FERNANDEZ Street Address (P.O. Box Number is Not Acceptable) 8358 W. OAKLAND PK. BLVD # 201 City SUNRISE FL Zip Code 33351
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, the registered agent.		
SIGNATURE <i>[Signature]</i> <small>Signature of registered agent (required) and date of appointment (required when appointed)</small>		DATE
FILE NOW!!!! BE IS \$150.00 After May 15 2003 Fee will be \$560.00 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
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE P NAME FERNANDEZ, AUGUSTO <input type="checkbox"/> Delete	STREET ADDRESS 1063 SUNFLOWER CIR WESTON, FL 33327	TITLE NAME 8358 W. OAKLAND PK. BLVD # 201 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP WESTON, FL 33327	CITY-ST-ZIP WESTON, FL 33327	STREET ADDRESS 8358 W. OAKLAND PK BLVD # 201 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP WESTON, FL 33327	CITY-ST-ZIP WESTON, FL 33327	CITY-ST-ZIP SUNRISE FL 33351
TITLE VP <input type="checkbox"/> Delete	NAME SORIANO, JOSE L	TITLE NAME STREET ADDRESS CITY-ST-ZIP
STREET ADDRESS 1063 SUNFLOWER CIR WESTON, FL 33327	CITY-ST-ZIP WESTON, FL 33327	CITY-ST-ZIP CITY-ST-ZIP
TITLE ST <input checked="" type="checkbox"/> Delete	NAME FERNANDEZ, LORRIE A	TITLE NAME STREET ADDRESS CITY-ST-ZIP
STREET ADDRESS 1063 SUNFLOWER CIR WESTON, FL 33327	CITY-ST-ZIP WESTON, FL 33327	CITY-ST-ZIP CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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)(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 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 on an attachment with an address, with all other like empowered.		
SIGNATURE: <i>[Signature]</i> <small>Signature and typed or printed name of signing officer or director</small>		Date Corporate Phone #

80120292

CHECK HERE IF MAKING CHANGES

CRS2034 (1/02)