

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

DOCUMENT # *PD000104308*
Entity Name
DADE Recovery and Investigations Inc.

WBR

FILED

03 JUN 13 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>8306 mills DR #333</i>		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number <i>05-1151149</i>		Applied For Not Applicable	
City & State <i>Miami FL</i>		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip <i>33183</i>	Country <i>USA</i>	Zip	Country				

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name	<i>ANDRES CANOVA</i>		
Street Address (P.O. Box Number is Not Acceptable)	<i>8306 mills DR Suite # 333</i>		
City	<i>Miami</i>	FL	Zip Code <i>33183</i>

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 *[Signature]* *ANDRES CANOVA* DATE *6-12-03*

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State</p>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PRESIDENT ANDRES CANOVA 8306 mills DR #333 Miami FL 33183</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>900021271909 07/02/03--01038--026 **150.00</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Signature]</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. 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 11 or on an attachment with an address with an other like empowered.

SIGNATURE: *[Signature]* DATE *6-12-03* DAYTIME PHONE # *(203) 746-8008*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/2

DATE: 6-12-03

FL. DEPARTMENT OF STATE
ANNUAL REPORT

PER OUR CONVERSATION PLEASE CHECK YOUR RECORDS THAT MY
CORPORATION DADE RECOVERY and INVESTIGATIONS INC.
DOCUMENT # PO1000104308

NEVER RECEIVED THE ANNUAL REPORT THIS YEAR. PLEASE ACCEPT OUR
PAYMENT WITHOUT PENALTY DUE TO THAT WE NEVER RECEIVED THE
REPORT.

THANKING YOU IN ADVANCE



SIGNATURE

ANDROS AVENA / PRESIDENT
PRINT NAME/TITLE