

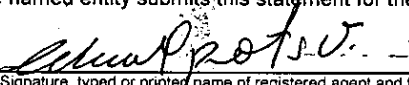
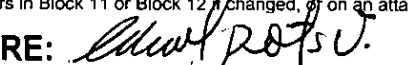
# 2003 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90377 028 \*\*\*150.00

**11038585**

DO NOT WRITE IN THIS SPACE

<b>DOCUMENT #</b> P01000110496			
<b>1. Entity Name</b> ANLUZ INTERNATIONAL, INC.			
<b>Principal Place of Business</b> 5941 SOUTH UNIVERSITY DRIVE DAVIE, FL 33328 33414		<b>Mailing Address</b> 5941 SOUTH UNIVERSITY DRIVE DAVIE, FL 33328	
<b>2. Principal Place of Business</b> 2037 VININGS CIRCLE Suite, Apt. #, etc. 302		<b>3. Mailing Address</b> 2037 VININGS CIRCLE Suite, Apt. #, etc. 302	
<b>City &amp; State</b> WELLINGTON, FL		<b>City &amp; State</b> WELLINGTON, FL	
<b>Zip</b> 33414	<b>Country</b> US	<b>Zip</b> 33414	<b>Country</b> US
<b>4. FEI Number</b> 90-0008740		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75</b> <b>Additional</b>		<b>Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
EDUARDO POTES 5941 SOUTH UNIVERSITY DRIVE DAVIE, FL 33328		Name EDUARDO POTES Street Address (P.O. Box Number is Not Acceptable) 2037 VININGS CIRCLE 302 City WELLINGTON FL Zip Code 33414	
<b>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.</b>			
SIGNATURE 		EDUARDO POTES 4/26/2003 <small>(NOTE: Registered Agent signature required when reinstating)</small> Date	
<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)</b> <input checked="" type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> After MAY 1, 2003 Fee will be \$550.00 Make Check Payable to Department of State	
		<b>10. Election Campaign Financing</b> <b>\$5.00</b> May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
<b>11. OFFICERS AND DIRECTORS</b>		<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR POTES, EDUARDO 5941 SOUTH UNIVERSITY DRIVE DAVIE, FL 33328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2037 VININGS CIRCLE, # 302 WELLINGTON, FL 33414-2089
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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 Block 12 if changed, or on an attachment with an address, with all other like empowered.</b>			
<b>SIGNATURE:</b> 		EDUARDO POTES 4/26/2003 561-204-1029 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	

CRE034 (9/99)