


FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90211 013 ***150.00

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

DOCUMENT # P02000001097					
1. Entity Name LISPED, INC.					
Principal Place of Business 1699 SW 27TH AVE., STE. 302 MIAMI, FL 33145			Mailing Address 1699 SW 27TH AVE., STE. 302 MIAMI, FL 33145		
2. Principal Place of Business 1241 SW 27 AVE			3. Mailing Address 1241 SW 27 AVE.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State MIAMI FL			City & State MIAMI FL		
Zip 33145			Country		
Country			Country		
4. FEI Number 94-3414920			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CAMBO, LOURDES T				Name CAMBO, LOURDES T	
4609 SW 27TH AVE., STE. 302				Street Address (P.O. Box Number is Not Acceptable)	
MIAMI, FL 33145				1241 SW 27 AVE	
				City MIAMI FL Zip Code 33145	
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 registered agent.					
SIGNATURE X (NOTE: Registered Agent's signature required when reinstating)					
DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 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	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMIREZ, MARIA A		NAME		
STREET ADDRESS	9233 DICKENS AVE.		STREET ADDRESS		
CITY-STATE-ZIP	SURFSIDE, FL 33164		CITY-STATE-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMBO, LOURDES T ESQ.		NAME	CAMBO, LOURDES T. ESQ.	
STREET ADDRESS	1699 SW 27TH AVE., STE. 302		STREET ADDRESS	1241 SW 27 AVE	
CITY-STATE-ZIP	MIAMI, FL 33145		CITY-STATE-ZIP	MIAMI FL 33145	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: X			LOURDES T. CAMBO SEC.		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone # (305) 854-8001		

CR2E034 (10/02)