2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
04-21-2003 91071 039 ***150.00

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DOCUMENT # P02000001241

1. Entity Name
ILUSSION ASSOCIATE INC.

Principal Place of Business	Mailing Address
6187 N W 167TH ST H-27 MIAMI FL 33015	6187 N W 167TH ST H-27 MIAMI FL 33015

2. Principal Place of Business	3. Mailing Address
6157 N.W. 167TH ST.	6157 N.W. 167TH ST.
Suite, Apt. #, etc.: F-8	Suite, Apt. #, etc.: F-8
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33015 Country: USA	Zip: 33015 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 90-0007282 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VALDES, OSMAN 6187 N W 167TH ST H-27 MIAMI FL 33015	Name: VALDEZ OSMAN R. Street Address (P.O. Box Number is Not Acceptable): 6157 N.W. 167TH ST. F-8 City: MIAMI FL Zip Code: 33015

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: OSMAN R. VALDEZ 04-04-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent 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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ALDEZ, OSMAN R 15792 SW 20TH ST MIRAMAR FL 33027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VALDEZ, OSMAN R. 15792 SW 20TH ST MIRAMAR, FL 33027	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ALDEZ, LUZ A 15792 SW 20TH ST MIRAMAR FL 33027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD VALDEZ, LUZ A. 15792 S.W. 20th ST MIRAMAR, FL 33027	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ALDEZ, AUBA M 15792 SW 20TH ST MIRAMAR FL 33027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD VALDEZ, AUBA M 15792 SW 20TH ST. MIRAMAR, FL. 33027	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VALDEZ, SONIA 15792 SW 20TH ST MIRAMAR FL 33027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VALDEZ, SONIA 15792 SW 20TH ST MIRAMAR, FL 33027	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VALDEZ, SILVIA P 15792 SW 20TH ST MIRAMAR FL 33027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VALDEZ, SILVIA P. 15792 S.W. 20TH ST MIRAMAR, FL. 33027	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: OSMAN R. VALDEZ 04-04-03 3054984000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #