FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90232 035 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000004148

1. Entity Name
ENDEVOUR GROUP, INC.

Principal Place of Business	Mailing Address
C/O ROTH, ROUSSO & DARRACH, P.A. 3440 HOLLYWOOD BLVD, SUITE 360 HOLLYWOOD, FL 33021	C/O ROTH ROUSSO & DARRACH, P.A. 3440 HOLLYWOOD BLVD, SUITE 360 HOLLYWOOD, FL 33021

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
2260 W. 80 Street		2260 W. 80 Street	
Suite, Apt. #, etc. Bay #2		Suite, Apt. #, etc. Bay #2	
City & State: Hialeah, Florida		City & State: Hialeah, Florida	
Zip: 33016	Country: U.S.A.	Zip: 33016	Country: U.S.A.

4. FEI Number 80-0029670 ☐ 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
ROUSSO, MARK E C/O ROTH, ROUSSO & DARRACH, P.A. 3440 HOLLYWOOD BLVD, SUITE 360 HOLLYWOOD, FL 33021	Name: Hector Omar Tomante Street Address (P.O. Box Number Is Not Acceptable): 2665 SW 37 Ave. Apt 1214 City: Miami FL Zip Code 33133

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 [signature] Hector Tomante 04/14/2003
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	PTD	☐ Delete	TITLE	P/S/D	☒ Change ☐ Addition
NAME	DELGADO, ALFREDO J		NAME	Hector Omar Tomante	
STREET ADDRESS	3440 HOLLYWOOD BLVD, SUITE 360		STREET ADDRESS	2665 SW 37 Ave Apt. 1214	
CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP	Miami, Florida, 33133	
TITLE	VSD	☐ Delete	TITLE	VP/T	☒ Change ☐ Addition
NAME	DE DELGADO, MIRIAM E		NAME	Nestor Ruben Fera	
STREET ADDRESS	3440 HOLLYWOOD BLVD, SUITE 360		STREET ADDRESS	17050 North Bay Rd #507	
CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP	Sunny Isles Beach, FL 33160	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-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: [signature] Hector Tomante 04/14/2003 305-822-3777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)