FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 03, 2003 8:00 am Secretary of State

03-21-2003 90108 002 ***150.00

T. CHILLY INELL		00000683 CORPORATION	~	03-21-2003 90108	3 002 130.00	
	DO:NOT WRI	TE (IN THIS S		POECECAT		
	Place of Business BOS.W. 190st. I. #, etc.	3. Mailing Address 12430 S. Suite, Apt. #, etc.	w. 190st.	DO NOT WRITE IN THIS	SPACE	
City & Sta		City & State Miami	Florida	4. FEI Number 04-3590803	Applied For Not Applicable	
Zip 3317	Country A.	33177	U.S.A.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
The same of the sa				7. Name and Address of Current Registered Agent		
S CONTRACT	the same	I.P. Santos				
DO NOT WRITE			Street Address (Street Address (P.O. Box Number is Not Acceptable)		
	≫≪IN THIS	SPACE	12430	S.W. 190st.		
	The second second		City Miz	ami FL	Zip Code	
8. The above named entity sybmits 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 Signature Specific agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) O4/01/03. DATE						
ncianos valeidades =						
	nuary 1 May 1 Fee ls \$150.0 After May 1 Fee is \$550.00 Amended UBR is \$61:25 k Payable to Florida Departne			9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
	After May 1; Fee is \$550.00 Amended UBR lis \$61:25 k Payable to Florida Departme OFFICERS	ant of State AND DIRECTORS	gray county individual to the control of the county of the	· · · · · · · · · · · · · · · · · · ·		
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12. Thereby 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 cath; that I am an officer or director of the corporation or type "Receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an ardress with all the information of the receiver or trustee empowered.

SIGNATURE:

Raul P. Santos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

3-19-03

(305)480-0745

Date

Daytime Phone #