2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) **3**/: DOCUMENT

FILED Mar 24, 2003 8:00 am Secretary of State

Principal Place of Business 7156 NW 51 STREET MIAMI FL 33166 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Country Street Address of Now Registered Agent Name CASARIEGO, ALEXIS Tish NW 51 STREET MIAMI FL 33168 Street Address (P.O. Box Number is Not Acceptable) 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and acceptable of the obligations of registered agent. SIGNATURE Signature Fiel Route of Principal Place of Business Mailing Address 7156 NW 51 STREET MIAMI FL 33168 City & State City & Street Address of Now Registered Agent Name Characteristics City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and acceptable of the obligations of registered agent. SIGNATURE Signature Fiel States of Florida. Lam familiar with, and acceptable of the Country Fiel States of Florida. Lam familiar with, and acceptable of Field Route of Registered Agent agents when recatating) After May 1 2003 Field No. State of Florida. Signature Fiel States Of Route Indiana Registered Agent agents when recatating) 9. Election Campaign Financing \$5.00 May Be)
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Zip Country Tip Country S. Certificate of Status Desired Fee Required Fee Required Name CASARIEGO, ALEXIS L Tise NW 51 STREET MIAMI FL 33168 City Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 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. Lam familiar with, and acceptable obligations of registered agent. SIGNATURE Signature, blood or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renstating) DATE FILE NOW!!! FEE IS \$150.00	
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Zip Country Zip Country 5. Certificate of Status Desired S8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CASARIEGO, ALEXIS L 7156 NW 51 STREET MIAMI FL 33168 City FL Zip Code 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, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rensisting) DATE FILE NOW 11 FEE IS \$150.00	
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After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State Section Campaging Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	Ð
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	ゴ.
TITLE PD Delete Delete TITLE CASARIEGO, ALEXIS L NAME CASARIEGO, ALEXIS L NAME STREET ADDRESS 82 PINECREST DRIVE STREET ADDRESS CITY-ST-ZIP MIAMI SPRINGS FL 33166 CITY-ST-ZIP	S S S CR2E034 (10/02)
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TITLE NAME STREET ADDRESS 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 reported and that my signature shall have the same local effect as if made under on this report or supplemental reported and that my signature shall have the same local effect as if made under on this report or supplemental reported and accurate and that my signature shall have the same local effect as if made under on this report or supplemental reported in section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental reported and accurate and that my signature shall have the same local effect as if made under on the same local effect as if made under on the same local effect.	n

indicated on this report or suppremental reports frue 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 trusted explowered 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 appowered.

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(305) 593-0544