

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

DOCUMENT # P02000009666

1. Entity Name
JR WORLD EXPRESS CORP.



90065756

Principal Place of Business / Mailing Address

**601 BRICKELL KEY DRIVE STE 501
 MIAMI, FL 33131**



2. Principal Place of Business / 3. Mailing Address

Suite, Apt. #, etc. / Suite, Apt. #, etc.

City & State / City & State

Zip / Country / Zip / Country

CHECK HERE IF MAKING CHANGES

4. FEI Number Applied For / Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GUTIERREZ, RENALDY J.
 601 BRICKELL KEY DRIVE STE 501
 MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name: **JESUS RAFAEL ROVERO**

Street Address (P.O. Box Number is Not Acceptable):
11215 NW 59th In

City: **Miami** / FL / Zip Code: **33178**

B. 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:  DATE: _____


(Signature must be in ink. Signature of registered agent and title if applicable. (NOTE: Registered Agent's signature required when returning.)

Fee: \$15.00 (SEE INSTRUCTIONS) / After May 1, 2003 Fee will be \$50.00 / 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 ARRIAGA, JESUS R RES EL PARQUE LOCAL A1-A2 LOS CAOBOS CARACAS VZ. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DIAZ DE ROVERO, MOIBETT L RES EL PARQUE LOCAL A1-A2 LOS CAOBOS CARACAS VZ. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ARRIAGA, ERIS JESUS R RES EL PARQUE LOCAL A1-A2 LOS CAOBOS CARACAS VZ. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ARRIAGA DE ROVERO, AURA J RES EL PARQUE LOCAL A1-A2 LOS CAOBOS CARACAS VZ. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROVERO PETIT, ERIS J RES EL PARQUE LOCAL A1-A2 LOS CAOBOS CARACAS VZ. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 another like empowered.

SIGNATURE:  DATE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)