
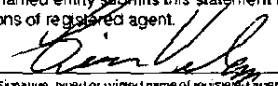
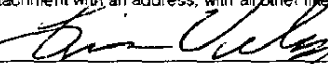


**FILED**  
**May 19, 2003 8:00 am**  
**Secretary of State**

05-19-2003 90230 022 \*\*\*150.00

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

<b>DOCUMENT # P02000009701</b>		
1. Entity Name <b>BACKUP HEADQUARTERS, INC.</b>		
Principal Place of Business 17011 NORTH BAY ROAD #209 SUNNY ISLES, FL 33160		Mailing Address P.O. BOX 600550 MIAMI, FL 33160-0550
2. Principal Place of Business <b>1660 NE 174 ST</b>		3. Mailing Address <b>1660 NE 174 ST.</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State <b>N. MIAMI BEACH, FL</b>		City & State <b>N. MIAMI BEACH, FL</b>
Zip <b>33162</b>		Country <b>USA</b>
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent <b>VELEZ, GEORGE 17011 NORTH BAY ROAD #209 SUNNY ISLES, FL 33160</b>		7. Name and Address of New Registered Agent Name <b>LABIB BATALGI</b> Street Address (P.O. Box Number is Not Acceptable) <b>701 NE 125 ST</b> City <b>NORTH MIAMI</b> FL Zip Code <b>33161</b>
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  <b>PRESIDENT</b> DATE <b>5/14/03</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)</small>		
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. <input type="checkbox"/> \$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	D VELEZ, GEORGE 17011 NORTH BAY ROAD #209 SUNNY ISLES, FL 33160 <input checked="" 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	D VELEZ, LEE 16600 NE 174TH STREET N MIAMI BEACH, FL 33162 <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	D MEADOWS, TOMMY D 650 WEST AVE #1504 MIAMI BEACH, FL <input checked="" 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
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
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 all other like empowered.		
SIGNATURE:  <b>PRESIDENT</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <b>5/14/03</b> DAYTIME PHONE # <b>305-710-9661</b>

CH2E034 (10/02)