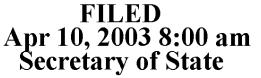
## **2003 FOR PROFIT CORPORATION**

## UNIFORM BUSINESS REPORT (UBR) P02000010963 DOCUMENT # 1. Entity Name YUDEXY CORP



04-10-2003 90080 014 \*\*\*150.00

Principal Place of Business 17892 SW 152ND CT. MIAMI FL 33187			Mailing Address 17892 SW 152ND CT. MIAMI FL 33187				4 100 mass in 40 kg 1/4 h 40 kg 1 kg 1	, 1112 <b>68</b> 181 (181	1 <b>66</b> 112 (n(10 b	1188 N3L L <b>48</b> 1		
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			4.	FEI Number 01-059	126	7 Ar	oplied For		
Zip	Country		Zip	Zip Cou		ntry 5.		Certificate of Status Desired	_ <b>\$</b>	8.75 Add	ditional	
6. Name and Address of Current R				egistered Agent			7. Name and Address of New Registered Agent					
						Name						
MEDINA, JUAN'R 17892 SW 152ND CT.			•				(P.O. Box Number is Not Acceptable)					
MIAMI FL 33187												
						City			FL	Zip Cod	e	
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, 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				ate				9. Election Campaign Finar Trust Fund Contribution.	ncing		O May Be I to Fees	
10.		OFFICERS AND I			11.		ΑI	L DDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTORS	S IN 11	
NAME STREET ADDRESS	D Medina, Juan I 17892 SW 152N Miami FL 33187			☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP	<del></del>			☐ Change	Addition	
TITLE NAME: STREET ADDRESS CITY-ST-ZIP	~- · · · · ·	The second second	-	☐ Delete		T ADDRESS ST-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-S	r address ST-Zip				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-S	I ADDRESS ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-S	I ADDRESS ST-ZIP				☐ Change	☐ Addition	

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:

OCHATURE DEOLURED

03

Daytime Phone #