

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

**FILED
Jul 01, 2003 8:00 am
Secretary of State**

05-05-2003 91763 020 ***158.75

DOCUMENT # FD2000011898
1. Entity Name Buddha Inc



DO NOT WRITE IN THIS SPACE

00160001

55050338

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Miami
Suite, Apt. #, etc. Suite 9-E
City & State Miami
Zip 33129 County Miami

3. Mailing Address 150 SE 25 rd
Suite, Apt. #, etc.
City & State Miami FL
Zip 33129 County Florida

4. FEI Number 75/2991641
Applied For Not Applicable

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

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7. Name and Address of Current Registered Agent
Name Roxana Fuentes
Street Address (P.O. Box Number is Not Acceptable) 150 SE 25 rd #9E
City Miami FL State FL Zip 33129

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

January 15 - May 31 Fee is \$160.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Roxana Fuentes Registered Agent</u> <u>150 SE 25rd Apt 9-E</u> <u>Miami FL 33129</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Rene Cuadra Vice President</u> <u>150 SE 25rd Apt 9-E</u> <u>Miami FL 33129</u>
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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 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 on an attachment with an address, with or without an e-mail address.

SIGNATURE: Roxana Fuentes Date 05-01-03 Daytime Phone # 786-3448040
Rene Cuadra 05/01/03 (786) 3443386

CFR2E034B (12/02)