

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90152 041 ***150.00

DOCUMENT # P02000011961

1. Entity Name
EYKER'S INTERNATIONAL INC.



Principal Place of Business
~~9531 FONTAINEBLEAU BLVD.~~

~~SUITE 310~~
~~MIAMI FL 33172~~

Mailing Address
~~9531 FONTAINEBLEAU BLVD.~~
~~SUITE 310~~
MIAMI FL 33172

NEW ADDRESS

00040710



2. Principal Place of Business
1731 SW 138 CT.

Suite, Apt. #, etc.

3. Mailing Address
1731 SW 138 CT

Suite, Apt. #, etc.

City & State
MIAMI - FL

Zip Country
33175

City & State
MIAMI - FL

Zip Country
33175

4. FEI Number
90-0006066

Applied For
Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

OLIVA, JASON
~~9531 FONTAINEBLEAU BLVD.~~
~~SUITE 310~~
MIAMI FL ~~33172~~

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1731 SW 138 CT
City MIAMI FL Zip Code 33175

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 reinstating)

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. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | OLIVA, JASON | |
| STREET ADDRESS | 9531 FONTAINEBLEAU BLVD. SUITE 310 | |
| CITY-ST-ZIP | MIAMI FL 33172 | |
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | MORENO, ANA | |
| STREET ADDRESS | 2375 WEST 9TH COURT | |
| CITY-ST-ZIP | HIALEAH FL 33010 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | OLIVA JASON | |
| STREET ADDRESS | 1731 SW 138 CT | |
| CITY-ST-ZIP | MIAMI - FL 33175 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 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 I am empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/03 305-46-282
Date Daytime Phone #

CRE034 (10/02)