2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003
Secretary of State

DOCUMENT# P02000012011

Entity Name: INDEPTH ENTERPRISES INCOPORATED

Current Principal Place of Business:

9761 SW 220 STREET
MIAMI, FL 33190

New Principal Place of Business:

9761 SW 220 STREET
MIAMI, FL 33190 US

Current Mailing Address:

9761 SW 220 STREET
MIAMI, FL 33190

New Mailing Address:

PO BOX 971861
MIAMI, FL 33197 US

FEI Number: 01-0633778 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JAMES, WALLACE
9761 SW 220 STREET
MIAMI, FL 33190

Name and Address of New Registered Agent:

JAMES, ARISTINE R
9761 SW 220 STREET
MIAMI, FL 33190

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.

SIGNATURE: ARISTINE R. JAMES 04/30/2003
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES ( ) Change (X) Addition
Name: JAMES, ARISTINE R
Address: 9761 SW 220 ST.
City-St-Zip: MIAMI, FL 33190 US

Title: DIRR ( ) Change (X) Addition
Name: JAMES, WALLACE
Address: 9761 SW 220 ST.
City-St-Zip: MIAMI, FL 33190 US

Title: OFFI ( ) Change (X) Addition
Name: HANKERSON, LATONJA T
Address: 20031 SW 123 DR.
City-St-Zip: MIAMI, FL 33177 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALLACE JAMES DIRE 04/30/2003
Electronic Signature of Signing Officer or Director Date