


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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
04 AUG 16 PM 12:07

DOCUMENT # P02000013765 <small>1. Entity Name</small> VICENA INC.	
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 12260 WILLOW GROVE RD <small>Suite, Apt. #, etc.</small> BLDG. 2 <small>City & State</small> CAMDEN, DE <small>Zip</small> 19934 <small>Country</small> USA	3. Mailing Address 1455 TALLEVAST ROAD <small>Suite, Apt. #, etc.</small> STE. L8319 <small>City & State</small> SARASOTA, FL <small>Zip</small> 34243 <small>Country</small> USA
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4/30/04 80029 002 \$450.00

DO NOT WRITE IN THIS SPACE

4. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent
	<small>Name</small> JOSEPH EVANS
	<small>Street Address (P.O. Box Number is Not Acceptable)</small> 1455 TALLEVAST ROAD, STE. L8319
	<small>City</small> SARASOTA, <small>FL</small> <small>Zip Code</small> 34243

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

January 1 - May 1 Fee is \$150.00 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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	Director Boncamper, Irvin Heritage Plaza, Suite 532, Main St. Charlestown, Nevise WI	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	President Guerra Rivera, Elda Eden Heritage Plaza, Suite 532, Main St. Charlestown, Nevise WI	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	Secretary Guerra Rivera, Elda Eden Heritage Plaza, Suite 532, Main St. Charlestown, Nevise WI	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	DO NOT WRITE IN THIS SPACE
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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 all other like empowered.

SIGNATURE:  Elda Eden Guerra Rivera	April 20, 2004	877 759 6248
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>

CR2E034B (12/02)