


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

DOCUMENT # PO2000016055
 1. Entity Name
EXPO GUIA, INC.



FILED
 05 MAY 12 PM 3:49
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>717 PONCE DE LEON BLVD.</u>		3. Mailing Address <u>717 PONCE DE LEON BLVD.</u>	
Suite, Apt. #, etc. <u>SUITE # 324</u>		Suite, Apt. #, etc. <u>SUITE # 324</u>	
City & State <u>CORAL GABLES, FL</u>		City & State <u>CORAL GABLES, FL</u>	
Zip <u>33134</u>	Country <u>USA</u>	Zip <u>33134</u>	Country <u>USA</u>

REINSTATEMENT 03-25
 DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE		4. FEI Number <u>37-1419992</u>		Applied For <input type="checkbox"/>	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		7. Name and Address of Current Registered Agent			
		Name <u>Perez Estevez Luis G</u>	Street Address (P.O. Box Number is Not Acceptable) <u>717 Ponce de Leon Blvd #324</u>		
City <u>Coral Gables</u>	State <u>FL</u>	Zip Code <u>33134</u>			

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 _____ (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			
TITLE <u>PD</u>	NAME <u>PEREZ ESTEVEZ, LUIS GASTON</u>	TITLE	
STREET ADDRESS <u>717 PONCE DE LEON BLVD., SUITE 324</u>	CITY-ST-ZIP <u>CORAL GABLES, FL 33134</u>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <u>VPO</u>	NAME <u>PEREZ ESTEVEZ, MATIAS GUSTAVO</u>	TITLE	
STREET ADDRESS <u>717 PONCE DE LEON BLVD., SUITE 324</u>	CITY-ST-ZIP <u>CORAL GABLES, FL 33134</u>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <u>VSD</u>	NAME <u>PEREZ ESTEVEZ, MARIANA SOLEDAD</u>	TITLE	
STREET ADDRESS <u>717 PONCE DE LEON BLVD., SUITE 324</u>	CITY-ST-ZIP <u>CORAL GABLES, FL 33134</u>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	DO NOT WRITE IN THIS SPACE
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	800053832708 05/04/05--01042--001 ***465.00
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE: Gaston Perez / GASTON PEREZ 3/2/05 (305) 444-8434
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

EXPO  **GUIA**
Export Publication

May 9, 2005

Ms. Patricia Bailey
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

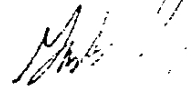
Re: EIN: 37-1419992

Dear Ms. Bailey:

As per our telephone conversation this afternoon, this is regarding the Uniform Business Form for 2003. We had filed a report in 2003, however the check issued was returned because we had switched banks.

I was away for 3½ months, and was unaware of the 60 day written notice. If you have any questions, please contact me at (305) 444-8434. I thank you again for your assistance.

Sincerely,



Gaston
President