2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: X S

FILED Mar 03, 2003 8:00 am Secretary of State

1. Entity Nam		001,7503			03-1	03-2003 9085	5 029 ***1	150.00
Principal Plac % DIEGO N. A 980 N.W. 135T NORTH MIAMI	ALVADO Th' street	Mailing Address % DIEGO N. ALVADO 980 N.W. 135TH STREET NORTH MIAMI FL 33168						
Principal Place of Business 3. Mailing Address						T 40)IT BEITH OGLIF ANIOT)) 0)) 4 630) 414)6 3	FLOR 1611 FD 61
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State	e	City & State			4. FEI Number 04 - 3629324			plied For t Applicable
Zip	Country	Zip	Country		5. Certificate of Status D		\$8.75 Add Fee Require	
\$ 20 TO TO TO	6."Name and Address of Current	Registered Agent			7. Name and Address of	f New Registered	Agent	
-			N.	ame		- Andread - 1		
LOPEZ, CLAUDIO V 4775 COLLINS AVE., #2308			SI	reet Address (I	P.O. Box Number is Not Ac	eptable)		
MIAMI BEACH FL 33140								
			ĺ	ity		FL		
8. The above the obligat	named entity submits it is statement to tions of registered agent	r the purpose of changing it	s registered of	ffice or register	ed agent, or both, in the Sta	ate of Florida. I am ロインさ		and accept
SIGNATURE .	Signature, typed or printed nume of registered agent	and title if applicable. (NO	TE: Registered Age	nt signature required	when reinstating)	DATE		
After	ILE NOW!!! FEE IS \$150,00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	! State			9. Election Camp Trust Fund Co	ntribution. (☐ Added	O May Be to Fees
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES	TO OFFICERS AN	DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS	P LOPEZ, CLAUDIO V 4775 COLLINS AVE., #2308	☐ Defete	TITLE NAME STREET AD				Change	☐ Addition
CITY-ST-ZIP TITLE	MIAMI BEACH FL 33140	☐ Defete	CITY-ST-Z	1			Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	JARA DE LOPEZ, NELIDA C 4775 COLLINS AVE., #2308 MIAMI BEACH FL 33140		NAME STREET AD CITY-ST-2					
TITLE	MIDMINI BEACH PE 33140	☐ Delete	TITLE		<u> </u>		Change	Addition
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STREET ADDRESS CITY-ST-ZIP			CITY-ST-Z	7P	11. 440 07/04/2 Pt 41. 0		-att. 45 45 1	
12. I hereby of indicated of the corchanged.	certify that the information supplied with lon this report or supplemental report is reporation or the receiver of flustee empore, or on an attachment with all attacress, a	this filing does not qualify for true and accurate and that owered to execute this repon with all other like empowered	or the exemption my signature of the sig	on stated in Se shall have the s by Chapter 607	ction 119.07(3)(i), Florida S same legal effect as if made , Florida Statutes; and that	latutes, I further ce under oath; that I my name appears	ituly that the in am an officer in Block 10 or	or director Block 11 if

02/28/03