## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 16, 2003 8:00 am Secretary of State

DOCUMENT# PO2 D			. Secretary of State
DOCUMENT # 02 0000 19156  1. Entity Name			05-16-2003 90180 034 ***150.00
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DO NOT WRITE	IN THIS SPA	CE	
2. Principal Place of Business 6311 NW 110 St.	3. Mailing Address	9321	•
Suite, Apt. #, etc.	Suite, Apt. #, etc.	1304	DO NOT WRITE IN THIS SPACE
			4. FEI Number Applied For
City & State MIAMI, FL	City & State NI/AMI, FL		A FEI Number   Applied For   Not Applied For   Not Applied For
Zip Country 33012 USA	Zip Co 33166	untry USA	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required
		Name N-	7. Name and Address of Current Registered Agent
DO NOT WI	OITE .	$\mathcal{P}$	EDRO ANDA
A transfer plant of the state o		Street Address (	PO. Box Number is Not Acceptable)
IN THIS SPA	ACE	».	
		City M(	AMI FL Zip Code 33012
8. The above named entity submits this statement for	the purpose of changing its regist	tered office or register	
OTTITA	المستعدات المستعدات المستعدات	~	F-12-07
SIGNATURE Signafure; whose of printed name of registered agent and	d title if applicable. (NO1E: Regist	tered Agent signature required	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	January 1 - May 1 After May 1, Fe Amended UBI	e is \$550.00 R is \$61.25	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees
<u>-</u>	Make Check Payable to	Department of Sta	te control of the con
11. OFFICERS AND C	IRECTORS		to.
TITLE PRESIDENT NAME DEDRO XAVIER A	IRECTORS	Department of Sta	
TITLE PRESIDENT NAME PEDRO XAVIER AT STREET ADDRESS 6311 NW 110 ST.	IRECTORS  TO N  S	TILE TAME TREET ADDRESS	
TITLE PRESIDENT NAME PEDRO VAVIER AT STREET ADDRESS 6311 NW 110 ST. CITY-ST-ZIP " MIAM! FZ 330	IRECTORS  JDA  N  S  C	TILE AME TIREET ADDRESS TITY-ST-ZIP	
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13. I hereby certify that the information supplied with this filling 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/03 (305) 994-7440