
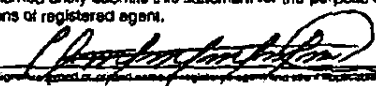
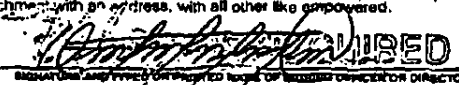


4/
 4/1

04-15-2003 90127 027 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

55041880

DOCUMENT # P02000022237			
1. Entity Name VIZCAINO COMPUTER SOLUTION, INC.			
Principal Place of Business 755 E 49 STREET STE #2 HIALEAH FL 33013		Mailing Address 755 E 49 STREET STE #2 HIALEAH FL 33013	
2. Principal Place of Business 755 E 49 STREET STE #1 Suite, Apt. #, etc. HIALEAH FL 33013 City & State		3. Mailing Address 755 E 49 STREET Suite, Apt. #, etc. #1 City & State HIALEAH FL	
Zip 33013	Country USA	Zip 33013	Country USA
4. FEI Number 03-0416883		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VIZCAINO, OLIVER B 755 E 49 STREET STE #2 HIALEAH FL 33013		7. Name and Address of New Registered Agent Name VIZCAINO, OLIVER B Street Address (P.O. Box Number is Not Acceptable) 755 E 49 STREET STE #1 City HIALEAH FL Zip Code 33013	
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  DATE 04-11-03 <small>(NOTE: Registered Agent signature required when reissuing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIZCAINO, OLIVER B 3021 WEST 76 STREET APT 110 HIALEAH FL 33018 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SYSTEM ADMINISTRATOR VIZCAINO, OLIVER B 755 E 49 ST SUITE #1 HIALEAH FL 33013 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		DATE: 04-11-03	

CR2003 (10/02)