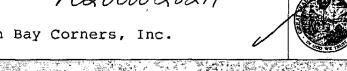
FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED May 02, 2003 8:00 am Secretary of State 05-02-2003 90225 010 ***158.75

DOCUMENT	# P/2	20000	28211
1. Entity Name	100	70000	2,0007



Sout	th Bay Corners, I	nc.							
	DO NOT WRITE		SPACE		11034691		ż		
	lace of Business 31 Court	3. Mailing Address 18451 N.E.	31 Cour	t l					
Suite, Apt. #, etc.		Suite, Apt. #, etc. #201	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State Aventura, FL		City & State Aventura, FL		4. FEI Number Applied For		Applied For			
Zip3316	Country	33160	Country				Not Applicable 5 Additional		
TIMES TO	Miami-Dade	22700	Miami-		7. Name and Address of Current Re		equired t		
Name Typn Washington									
4	DO NOT WI	RITE	Stre	Street Address (P.O. Box Number is Not Acceptable) 701 Brickell Avenue					
	IN THIS SP	ACE		Suite					
			City			FL Z	3 3°1°3 1		
8. The above	named entity submits this statement for	the purpose of changing	ng its registered offi						
the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and this if spoticable (NOTE: Registered Agent signature required when reinstating) DATE									
	uary 1 - May 1; Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Ftorida Department of \$	State			Election Campaign Finance Trust Fund Contribution.	'	\$5.00 May Be Added to Fees		
10.	OFFICERS AND E	PIRECTORS					723 - 148		
TITLE NAME	President/Dire	ctor	TITLE NAME						
STREET ADDRESS	Oliver Gross	Court	STREET ADDR	W 144-W ASS	And the second s				
CITY-ST-ZIP	Aventura, FL13	37800	CHY-81: 216		And the second s	Rodin Popular			
TITLE NAME	Vice-President Lynn Washington	n	TITLE		Property of the control of the contr				
STREET ADDRESS CITY-ST-ZIP	701 Brickell A Miami, FL 3313	ve., Ste.3	- Avner	ESS C					
TITLE			THRE						
NAME STREET ADDRESS			NAME STREET ADOR	\$55		Bite			
City-St-ZIP			CITY-SI-ZIP		DONOIN	/KIIE			
TITLE NAME			NAME.	4	: IN THIS SI	PACE-			
STREET ADDRESS			STREET ADDR	58					
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE NAME			NAME -						
STREET ADDRESS			STREET ADDRI	55.					
CITY-ST-ZIP			CITY, ST-ZIP		A Comment of the Comm				
TITLE NAME			NAME						
STREET ADDRESS			STREET ADDRE	55.					
CITY-ST-ZIP		<u> </u>	ÇİTY-ST-ZİP			The state of the s	The state of the s		
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.									