

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91898 015 \*\*\*158.75

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

80112186

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                                                   |                                                                                |                                                                                                          |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------|
| <b>DOCUMENT # P02000030623</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                                                   |                                                                                |                         |                        |
| 1. Entity Name<br><b>9420 BAY DRIVE DEVELOPMENT I, CORP.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                                                   |                                                                                |                                                                                                          |                        |
| Principal Place of Business<br><b>9420 W BAY HARBOR DR<br/>BAY HARBOR ISLAND, FL 33154</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                                   | Mailing Address<br><b>9420 W BAY HARBOR DR<br/>BAY HARBOR ISLAND, FL 33154</b> |                                                                                                          |                        |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                                                   | 3. Mailing Address<br><b>2742 Biscayne Blvd</b>                                |                                                                                                          |                        |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                                                                   | Suite, Apt. #, etc.                                                            |                                                                                                          |                        |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                                                   | City & State<br><b>MIAMI FL</b>                                                |                                                                                                          |                        |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     | Country                                                           | Zip<br><b>33137</b>                                                            |                                                                                                          | Country<br><b>DADE</b> |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                                   |                                                                                | 4. FEI Number <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |                        |
| 6. Name and Address of Current Registered Agent<br><b>GRISALES-RACINI, OSCAR<br/>999 BRICKELL AVE, STE 700<br/>MIAMI, FL 33131</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                                                   |                                                                                | 7. Name and Address of New Registered Agent                                                              |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                                                   |                                                                                | Name                                                                                                     |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                                                   |                                                                                | Street Address (P.O. Box Number is Not Acceptable)                                                       |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                                                   |                                                                                | City                                                                                                     |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                                                   |                                                                                | <b>FL</b> Zip Code                                                                                       |                        |
| 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 _____<br><small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent's signature required when certifying)</small> DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                                                   |                                                                                |                                                                                                          |                        |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2003 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                                                   |                                                                                |                                                                                                          |                        |
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                                                                   |                                                                                |                                                                                                          |                        |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                                                   |                                                                                |                                                                                                          |                        |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>P</b>                            | <input type="checkbox"/> Delete                                   |                                                                                |                                                                                                          |                        |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>BRUKMAN, EDUARDO</b>             |                                                                   |                                                                                |                                                                                                          |                        |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>9420 W BAY HARBOR DR</b>         |                                                                   |                                                                                |                                                                                                          |                        |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>BAY HARBOR ISLAND, FL 33154</b>  |                                                                   |                                                                                |                                                                                                          |                        |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>V</b>                            | <input type="checkbox"/> Delete                                   |                                                                                |                                                                                                          |                        |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>CRISTIAN MANSILLA, GUILLERMO</b> |                                                                   |                                                                                |                                                                                                          |                        |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>9420 W BAY HARBOR DR</b>         |                                                                   |                                                                                |                                                                                                          |                        |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>BAY HARBOR ISLAND, FL 33154</b>  |                                                                   |                                                                                |                                                                                                          |                        |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>S</b>                            | <input type="checkbox"/> Delete                                   |                                                                                |                                                                                                          |                        |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>ZALESKI, ALEJANDRO</b>           |                                                                   |                                                                                |                                                                                                          |                        |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>9420 W BAY HARBOR DR</b>         |                                                                   |                                                                                |                                                                                                          |                        |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>BAY HARBOR ISLAND, FL 33154</b>  |                                                                   |                                                                                |                                                                                                          |                        |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>S</b>                            | <input type="checkbox"/> Delete                                   |                                                                                |                                                                                                          |                        |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>MULER, ADOLFO</b>                |                                                                   |                                                                                |                                                                                                          |                        |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>9420 W BAY HARBOR DR</b>         |                                                                   |                                                                                |                                                                                                          |                        |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>BAY HARBOR ISLAND, FL 33154</b>  |                                                                   |                                                                                |                                                                                                          |                        |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     | <input type="checkbox"/> Delete                                   |                                                                                |                                                                                                          |                        |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                                                   |                                                                                |                                                                                                          |                        |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                                                   |                                                                                |                                                                                                          |                        |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                   |                                                                                |                                                                                                          |                        |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     | <input type="checkbox"/> Delete                                   |                                                                                |                                                                                                          |                        |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                                                   |                                                                                |                                                                                                          |                        |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                                                   |                                                                                |                                                                                                          |                        |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                   |                                                                                |                                                                                                          |                        |
| <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                                                   |                                                                                |                                                                                                          |                        |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                |                                                                                                          |                        |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                                                   |                                                                                |                                                                                                          |                        |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                                                   |                                                                                |                                                                                                          |                        |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                   |                                                                                |                                                                                                          |                        |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                |                                                                                                          |                        |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                                                   |                                                                                |                                                                                                          |                        |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                                                   |                                                                                |                                                                                                          |                        |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                   |                                                                                |                                                                                                          |                        |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                |                                                                                                          |                        |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                                                   |                                                                                |                                                                                                          |                        |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                                                   |                                                                                |                                                                                                          |                        |
| 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 507, 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: <u><i>Eduardo Brukman</i></u> <b>8/0</b> <u><i>4/28/03</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                                                   |                                                                                |                                                                                                          |                        |

CR2E034 (10/02)