

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

**FILED
Mar 29, 2004 8:00 am
Secretary of State**

03-29-2004 90050 037 ***150.00

DOCUMENT # P02000031210
1. Entity Name
VIZCAINO IMPORT & EXPORT CORP.

DO NOT WRITE IN THIS SPACE

44022164

2. Principal Place of Business
14405 N.E. 5th Avenue
Suite, Apt. #, etc.

3. Mailing Address
14405 N.E. 5th Avenue
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
North Miami Florida

City & State
North Miami Florida

4. FEI Number 01-0649668 Applied For Not Applicable

Zip 33161 Country U.S.A. Zip 33161 Country U.S.A.

5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name NORMA VIZCAINO

Street Address (P.O. Box Number is Not Acceptable)
14405 N.E. 5th Avenue

City North Miami FL Zip Code 33161

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

SIGNATURE _____ DATE 3/24/2004
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE	DP	TITLE	
NAME	VIZCAINO, NORMA	NAME	
STREET ADDRESS	14405 N.E. 5th Avenue	STREET ADDRESS	
CITY-ST-ZIP	North Miami Florida 33161	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:  3/25/2004 (305) 945-0667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034B (12/01)