


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

FILED
Aug 29, 2003 8:00 am
Secretary of State

08-29-2003 90094 041 ***558.75

DOCUMENT # P02000037063	
1. Entity Name FX POST, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4668 NW 107TH AVE.	3. Mailing Address 4668 NW 107TH AVE.
Suite, Apt. #, etc. APT. 1607	Suite, Apt. #, etc. APT. 1607


DO NOT WRITE IN THIS SPACE

City & State MIAMI, FL	City & State MIAMI, FL	4. FEI Number 04-3648150	Applied For <input type="checkbox"/> Not Applicable
Zip 33178	Country USA	Zip 33178	Country USA
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name MARTIN A. DELGADO	
Street Address (P.O. Box Number is Not Acceptable) 4668 NW 107TH AVE., APT. 1607	
City MIAMI	FL Zip Code 33178

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  08/25/03
(NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 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
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MARTIN A. DELGADO 4668 NW 107TH AVE.#1607, MIAMI, FL 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EMILIO CARNERO 7410 SW 19TH TERR, MIAMI, FL 33155	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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.

SIGNATURE:  08/25/03 305-392-2591
Date Daytime Phone #

CR2E034B (12/02)