

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

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

05-05-2003 91905 050 \*\*\*150.00

<b>DOCUMENT # P02000038423</b> 1. Entity Name <b>EASTERN LOCKSMITH SERVICE, CORP.</b>				
Principal Place of Business 7500 NW 25 STREET SUITE 212 MIAMI, FL 33122		Mailing Address 7500 NW 25 STREET SUITE 212 MIAMI, FL 33122		
2. Principal Place of Business <b>5901 NW 151st</b>		3. Mailing Address <b>5901 NW 151</b>		
Suite, Apt. #, etc. <b>218</b>		Suite, Apt. #, etc. <b>218</b>		
City & State <b>MIAMI LAKES FLA</b>		City & State <b>MIAMI LAKES FLA</b>		
Zip <b>33014</b>	Country <b>DADE</b>	Zip <b>33014</b>	Country <b>DADE</b>	
4. FEI Number <span style="float: right;"><input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable</span>				
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required				
6. Name and Address of Current Registered Agent  <b>SANCHEZ, DIOSCORIDES</b> <b>7500 NW 25 STREET</b> <b>SUITE 212</b> <b>MIAMI, FL 33122</b>		7. Name and Address of New Registered Agent Name <b>SANCHEZ, DIOSCORIDES</b> Street Address (P.O. Box Number is Not Acceptable) <b>775 West 72 PL</b> City <b>MIAMI</b> <span style="float: right;"><b>FL</b> Zip Code <b>33014</b></span>		
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 <span style="float: right;"><b>5-01-03</b></span> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.) DATE)</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"/> <b>\$5.00</b> 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	PD <input type="checkbox"/> Delete <b>SANCHEZ, DIOSCORIDES</b> <b>7500 NW 25 STREET SUITE 212</b> <b>MIAMI, FL 33122</b>	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	
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.				
SIGNATURE:		<b>5-01-03</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>		

CR2E034 (10/02)