FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90392 049 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000038862

1. Entity Name
ADVANTAGE INTERNATIONAL ASSOCIATES, INC.

11039454

Principal Place of Business	Mailing Address
~~1825 PONCE DE LEON BLVD. #302 CORAL GABLES, FL 33134~~	~~1825 PONCE DE LEON BLVD. #302 CORAL GABLES, FL 33134~~

[x] CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
c/o Hammons	c/o Hammons
Suite, Apt. #, etc.: 2701 S. Bayshore Dr #606	Suite, Apt. #, etc.: 2701 S. Bayshore Dr #606
City & State: Miami FL	City & State: Miami FL
Zip: 33133 Country: USA	Zip: 33133 Country: USA

4. FEI Number: 43-1956629 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LANKAU, STEPHEN J ESQ. 410 BARTOW MUNICIPAL AIRPORT BARTOW, FL 33830	Name: Foy H. Hammons Street Address (P.O. Box Number is Not Acceptable): 2701 S. Bayshore Dr #606 City: Miami FL Zip Code: 33133

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: [signature] Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 4/16/03

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. ☐ $5.00 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	PS DOMINGUEZ, CARLOS 1825 PONCE DE LEON BLVD. #302 CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT BENQUE, ERIC 1825 PONCE DE LEON BLVD. #302 CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4/16/03 Daytime Phone #