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

DOCUMENT # 702000041862 1. Entity Name R. O. ELEGANCE, INC



FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE										
2. Principal Pl	lace of Business	1035	3. Mailing Address	3. Mailing Address			REMSTATEMENT 03-04			
Suite, Apt.	#, elc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State	City & State  K/AM/, FLORIDA  Zio  33/47  Country  SA			City & State			4. FEI Number   Applied For   Not Applicable			
3314	7 Country SA		Zip	Country		1	5. Certificate of Status Desired Secured Secured \$8.75 Additional Fee Required			
					Name 2		Address of Current		ent-	
Tien Miles Pelelagi	ΠÔ	NOT	WRITE	NTE - LO			BERTO ORTEGA			
				Establish Commencer	Street Address	(P.O. Box Number is Not Acceptable)				
		irii3 s	SPACE	1740			05 NW 63 AVE.  #1 FL Zio Code 330 N			
					City M14	M1		FL	Zip Code 330 /	
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 X Signature, typed or printed name of registered agent and lifte if applicable. INFOTE, Registered Agent signature required when relingating.  OATE										
	nuary 1 - May 1 After May 1, Fed Amended UBF Payable to Flor	Fee is \$150.0 is \$550.00 is \$61.25		Tegric registeres	Algeri sqraacee equ	<b>9.</b> E	dection Campaign Fir rust Fund Contributio	·	\$5.00 May Be Added to Fees	
10.		OFFICERS	AND DIRECTORS	ulay n	asing belief		Dagelister Millerick		TOP HIS THE BRIDE A	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PORTE 6 17401 MIAMI,	A,208 FL	ERTO 14VE. 330N	- 1 t, m(85)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	000345 9/04-01009	72 <b>3 1</b> 3 -008 #	*300.000* *300.000*	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				<b>■</b> 141.401			NAME OF PERSONS ASSESSED.			
12. Thereby 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 cath; 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, without only like empowered.										

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 19, 2004

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, FL 32302

Re: Uniform Business Report R.O. ELEGANCE, INC P02000041862

Dear Sirs:

Attached please find Business Report for above mention Corporation and money order in the amount of \$300.00

We did not receive the 2003 Business report in time to file. Please accept the attached money order in the amount of \$ 300.00 for 2003 and 2004 Uniform Business Report.

In further information is needed please contact me.

R.OJEDEGANCE, INC

Roberto Ortega

17405 NW 63 Avenue

Miami, FL 33015