
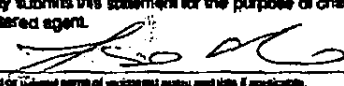



2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # P02000042676			
1. Entity Name TRI-COUNTY PC, INC.			
Principal Place of Business 3465 SW 73RD AVE RD MIAMI, FL 33155		Mailing Address 3465 SW 73RD AVE RD MIAMI, FL 33155	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 01-0671026		Applied For Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROIG LAZARO 3465 SW 73RD AVE RD MIAMI, FL 33155		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
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: 		DATE: 4/24/03	
Signature, typed or printed name of registered agent and title if applicable.		Date	
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	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROIG LAZARO	NAME	CEO ROIG LAZARO
STREET ADDRESS	3465 SW 73RD AVE RD	STREET ADDRESS	3465 SW 73 AVE RD
CITY-ST-ZIP	MIAMI, FL 33155	CITY-ST-ZIP	MIAMI FL 33155
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	CFO ROIG PETER
STREET ADDRESS		STREET ADDRESS	3465 SW 73 AVE RD
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI FL 33155
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	DIRECTOR ROIG ANTHONY
STREET ADDRESS		STREET ADDRESS	3465 SW 73 AVE RD
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI FL 33155
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	DIRECTOR GABRIEL ROIG
STREET ADDRESS		STREET ADDRESS	3465 SW 73 AVE RD, MIAMI, FL 33155
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		DATE: 4/24/03	
Signature and typed or printed name of insured officer or director		Date	

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CHECK HERE IF MAKING CHANGES

CFR2034 (1/01/02)

305-785-4548
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