FILED
May 27, 2003 8:00 am
Secretary of State
05-01-2003 91007 046 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000042876

1. Entity Name
WELSHIRE, INC.

550438U4

Principal Place of Business	Mailing Address
19 WEST FLAGLER STREET SUITE 601 MIAMI, FL 33130	19 WEST FLAGLER STREET SUITE 601 MIAMI, FL 33130

[X] CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
One SE Third Avenue		One SE Third Avenue	
Suite, Apt. #, etc. 1440		Suite, Apt. #, etc. 1440	
City & State: Miami, FL		City & State: Miami, FL	
Zip: 33131	Country: USA	Zip: 33131	Country: USA

4. FEI Number: 75-3057801 — [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KURZBAN, IRA J ESQ.
2650 SW 27TH AVENUE
SUITE 200
MIAMI, FL 33133

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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	P Hassan Dahlawi One SE Third Avenue #1440 Miami, FL 33131 [ ] 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] 4/26/03 305 377 0707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #