

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91515 019 ***158.75

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

DOCUMENT # P02000046985			
1. Entity Name REFHP CORPORATION			
Principal Place of Business 1320 SOUTH DIXIE HIGHWAY SUITE 280 CORAL GABLES, FL 33146		Mailing Address 1320 SOUTH DIXIE HIGHWAY SUITE 280 CORAL GABLES, FL 33146	
2. Principal Place of Business 254 N. STATE RD 7		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MARGATE, FL		City & State	
Zip 33063		Country	
4. FEI Number 43-1959364		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANCHEZ DE VARONA, RAUL J 1320 SOUTH DIXIE HIGHWAY SUITE 280 CORAL GABLES, FL 33146		7. Name and Address of New Registered Agent Name FIRMO MALDONADO Street Address (P.O. Box Number is Not Acceptable) 254 N. STATE ROAD 7 City MARGATE FL Zip Code 33063	
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  FIRMO MALDONADO DATE 04/23/03 <small>Signature, by or for principal name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)</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"/> \$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	D <input checked="" type="checkbox"/> Delete SANCHEZ DE VARONA, RAUL J 1320 SOUTH DIXIE HIGHWAY SUITE 280 CORAL GABLES, FL 33146	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 checked="" 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:  RAFAEL BANOS / PRESIDENT		DATE 04/23/03 (954) 917-4911 <small>Daytime Phone #</small>	

CR2E034 (10/02)