

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90195 049 ***150.00

DOCUMENT # P02000047684

1. Entity Name
WESTON PROFESSIONAL INVESTMENTS, INC.



Principal Place of Business
**6650 N.W. 101 TERRACE
PARKLAND FL 33076**

Mailing Address
**6650 N.W. 101 TERRACE
PARKLAND FL 33076**



2. Principal Place of Business
1820 N. Corporate Lakes Blvd

Suite, Apt. #, etc.
111

City & State
Weston, FL

Zip
33326

Country
USA

3. Mailing Address
1820 N. Corporate Lakes Blvd

Suite, Apt. #, etc.
111

City & State
Weston

Zip
33326

Country
USA

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MARRERO, JOSE C ESQ.
8360 WEST OAKLAND PARK BLVD.,
304
FT. LAUDERDALE FL 33351

7. Name and Address of New Registered Agent

Name
Marrero, Jose

Street Address (P.O. Box Number is Not Acceptable)
1820 North Corporate Lakes Blvd

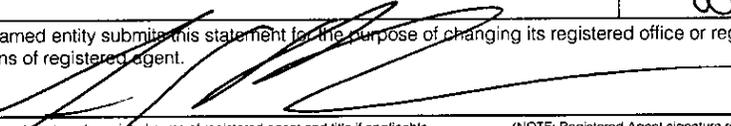
Suite
Suite 105

City
Weston

State
FL

Zip Code
33326

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: **1/10/03**

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

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

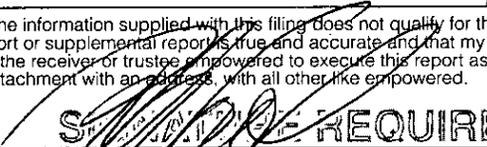
10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	PEDROSA, RICARDO M	6650 N.W. 101 TERRACE	PARKLAND FL 33076	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 reports 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: **1/10/03** DAYTIME PHONE #: **(954) 888-4211**

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)