

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

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90136 020 ***150.00

DOCUMENT # P02000048189



1. Entity Name
SAN FRANCISCO INTERNATIONAL, INC.

Principal Place of Business
**6801 NW 77 AVE #102
MIAMI FL 33166**

Mailing Address
**6801 NW 77 AVE #102
MIAMI FL 33166**



2. Principal Place of Business
1401 Brickell Ave
Suite, Apt. #, etc.
1010

3. Mailing Address
2665 SW 37 Ave
Suite, Apt. #, etc.
311

City & State
Miami - FL
Zip
33133 Country
USA

City & State
Miami, FL
Zip
33133 Country

4. FEI Number
75-3095950

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CARIDAD, FE ESPERANZA
6801 NW 77 AVE #102
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name
Caridad, Fe Esperanza
Street Address (P.O. Box Number is Not Acceptable)
6801 NW 77 Ave # 102
City **Miami, FL** Zip Code **33166**

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]*
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	<input type="checkbox"/> Delete
DPV	CARIDAD, FE ESPERANZA	6801 NW 77 AVE #102	MIAMI FL 33166	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DPV	Caridad, Fe Esperanza	2665 SW 37 Ave # 311	Miami, FL 33133	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<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 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)