


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

**FILED**  
**May 29, 2003 8:00 am**  
**Secretary of State**

05-29-2003 90139 005 \*\*\*150.00

DOCUMENT # P02000049610

1. Entity Name  
**Pacific Erectors, Inc.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**915 NW 1st Ave**  
Suite, Apt. #, etc.  
**H-1808**  
City & State  
**Miami, FL**  
Zip  
**33136** Country  
**DADE**

3. Mailing Address  
**915 NW 1st Ave**  
Suite, Apt. #, etc.  
**H-1808**  
City & State  
**Miami, FL**  
Zip  
**33136** Country  
**Dade**

4. FEI Number **43-1960367** Applied For  Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

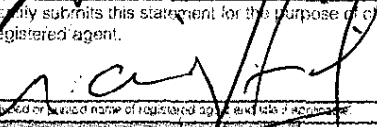
7. Name and Address of Current Registered Agent

Name **Craig Humel**

Street Address (P.O. Box Number is Not Acceptable)  
**185 NW 13 Ave Suite 1234**

City **Miami** FL Zip Code **33135**

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  **Craig Humel - RA** 05-28-03

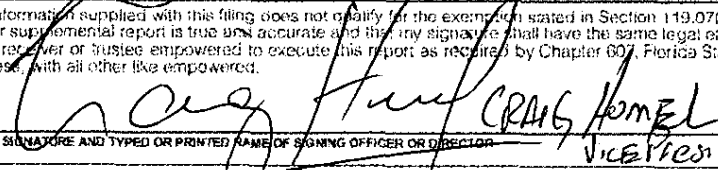
Signature of individual named in notice of registered office and/or agent change (WRITE Registered Agent Signature returned to SRS on company) DATE

January 1 - May 1 Fee is \$180.00  
After May 1, Fee is \$650.00  
Amended UBR is \$61.25  
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 <b>President</b>	NAME <b>Silvia Humel</b>	STREET ADDRESS <b>185 NW 13 Ave Suite 1234</b>	CITY-STATE-ZIP <b>Miami, FL 33135</b>
TITLE <b>Vice President</b>	NAME <b>Paulo Rogerio Vitale</b>	STREET ADDRESS <b>9024 Collins Ave #3</b>	CITY-STATE-ZIP <b>Surfside, FL 33154</b>
TITLE <b>Vice President</b>	NAME <b>Craig Humel</b>	STREET ADDRESS <b>185 NW 13 Ave #1234</b>	CITY-STATE-ZIP <b>Miami, FL 33135</b>
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
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TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **CRAIG HUMEL** 05-28-03 305-582-5516

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE City/State Phone #

CR2E034B (12/02)