

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


2/2

FILED
Mar 10, 2003 8:00 am
Secretary of State

02-21-2003 90174 039 ***150.00

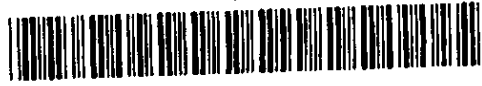
DOCUMENT # P02000050092

Entity Name
CONSTOA, INC.



Principal Place of Business
**431 SW 28TH STREET
MIAMI FL 33175-7178**

Mailing Address
**13431 SW 28TH STREET
MIAMI FL 33175-7178**



Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**CARRIAZO, OSVALDO
13431 SW 28TH STREET
MIAMI FL 33175-7178**

4. FEI Number
EIN 03-0438672

Applied For
 Not Applicable

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

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]* DATE

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		<input type="checkbox"/> Delete
TITLE	PD CARRIAZO, OSVALDO	<input type="checkbox"/>
NAME	13431 SW 28TH STREET	
STREET ADDRESS	MIAMI FL 33175-7178	
CITY-ST-ZIP		
TITLE	STD CARRIAZO, ARLENE C	<input type="checkbox"/>
NAME	13431 SW 28TH STREET	
STREET ADDRESS	MIAMI FL 33175-7178	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **RE REQUIRED**

Date **2/15/03** Daytime Phone **786-295-9390**

CR2E034 (10/02)