

**FILED**  
**Jul 31, 2003 8:00 am**  
**Secretary of State**

06-30-2003 90068 016 \*\*\*550.00

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

**DOCUMENT # P02000058051**



1. Entity Name  
**JUAN CHICHA CORP**

Principal Place of Business  
 7345 SW 21 STREET  
 MIAMI FL 33155

Mailing Address  
 7345 SW 21 STREET  
 MIAMI FL 33155

**55052912**



2. Principal Place of Business  
 9999 NW 89 Ave.  
 Suite, Apt. #, etc.  
 # 4

3. Mailing Address  
 9999 NW 89 Ave.  
 Suite, Apt. #, etc.  
 UNIT 4

CHECK HERE IF MAKING CHANGES

City & State  
 Medley, FL

City & State  
 Medley, Fla

Zip  
 33178

Country  
 U.S.

4. FEI Number  
 043680044

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GUTIERREZ, ERNESTO**  
 7345 SW 21 STREET  
 MIAMI FL 33155

Name  
**DANIEL COUTTENYE**

Street Address (P.O. Box Number is Not Acceptable)  
 9999 NW 89 Ave. Unit 4

City  
 Medley

State  
 FL

Zip Code  
 33178

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 **7/18/03**

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	<b>D PIETRI, ALBERTO M 7345 SW 21 STREET MIAMI FL 33155</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Pres./Dir. Ramón Lange 9999 NW 89 Ave. #4 Medley, FL 33178</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP/Sec./Dir. Flavio Rumbos 9999 NW 89 AVE #4 MEDLEY FL 33178</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Dir. Santo-Landolfo 9999 NW 89 AVE #4 MEDLEY FL 33178</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* DATE **6/10/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)