2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000058875 **DOCUMENT #**

1. Entity Name



FILED Mar 03, 2003 8:00 am Secretary of State 03-03-2003 90898 007 ***150.00

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City & State City & State City & State City & State A. FEI Number Co. 3 - D. 4/9555 Next Application File Above named and Address of Current Registered Agent ROSARIO, JOSE 1285 INW 13TH ST SUNRISE FL 33323 R. The above named entity submits trie statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am families with, and accept the echipations of registerory agent. SiGNATURE FILE NOW!! FEE IS \$150.00 Make Check Payable to Florida Department of State 1. A FEI Number Company Financing FILE NOW!! FEE IS \$150.00 Make Check Payable to Florida Department of State 1. A DOTTIONS/CHANGES TO OFFICERS AND DIRECTORS IT ILL BO OFFICERS AND DIRECTORS IT ILL MAKE SIRET ANDRES CITY 51-3P THE MAKE SIRET ANDRES CITY 51-3P Change Addition File Change Addition	2. Principal Pl	ace of Business ,	3. Mai	3. Mailing Address								
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ROSARIO, JOSE 1261 Number is Not Address of Current Registered Agent ROSARIO, JOSE 1261 Number is Not Acceptable) Sircert Address (P.O. Box Number is Not Acceptable in Number is Number in Number	City & State	9	City	City & State			FEI Number 03-0	44951				
ROSARIO, JOSE 12651 NW 13TH ST SUNRISS FL 33323 City FL Zip Code	Zip	Country	Zip		Country			□ Fe	e Required			
ROSARIO, JOSE 12851 NW 13TH ST SUNRISE FL 33323 City FL Zip Code		6. Name and Address of Curre	nt Registere	ed Agent		7.	Name and Address of New Re	gistered Ag	ent			
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SUNRISE FL 33323 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered or registered agent, or both, in the State of Florida. I am familiar with, and accept the state of Florida. State Addition State of Policies of Interest and accept the state of Florida. I am familiar with, and accept the state of Florida. State Addition State of Policies of Interest and accept the state of Florida. State Addition State of Policies of Interest and accept the state of Florida. State A					Street Addr	Street Address (P.O. Box Number is Not Acceptable)						
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, speed or printed name of registered agent and the flaplicable. (NOTE; Pregistered Agent signature required when investing). FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Make Check Peable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE NAME PROSARIO, JOSE 12851 NW 13TH ST SITERIA ADDRESS CITY-S1-2P SUNRISE FL 33323 CITY-S1-2P CITY-S1-						**						
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		partiful that the information supplied	with this files	does not qualify for th	J.,	Lin Section	119 07/3)(i) Florida Statutes I	further certifi	v that the i	nformation		

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 a long the empowered.

SIGNATURE:

FICER OR DIRECTOR