


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

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90171 003 ***150.00

DOCUMENT # <u>P02000062076</u>	
1. Entity Name <u>NATIONAL TRYWHIT SERVICES INC</u>	

DO NOT WRITE IN THIS SPACE

24071698

2. Principal Place of Business <u>1875 SW 7 STREET</u>		3. Mailing Address	
Suite, Apt. #, etc. <u>Apt 4</u>		Suite, Apt. #, etc.	
City & State <u>MIAMI FL</u>		City & State	
Zip <u>33135</u>	Country <u>MIAMI-DADE</u>	Zip	Country
4. FEI Number <u>030464690</u>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name <u>VAZQUEZ HECTOR</u>	
	Street Address (P.O. Box Number is Not Acceptable) <u>900 WEST 49TH Suite 505</u>	
	City <u>MIAMI</u>	FL Zip Code <u>33135</u>

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** 04-28-04
(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>P</u> <u>VAZQUEZ FELIX</u> <u>1875 SW 7 STREET Apt 4 MIAMI</u> <u>FL 33135</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: Felix P. Vazquez 186-877-9208 04/28/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #