


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

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90286 042 \*\*\*150.00

<b>DOCUMENT #</b> P02000062363	
<b>1. Entity Name</b> AZTEC BRAVO, INC.	

<b>Principal Place of Business</b> 12019 SW 39TH TERRACE MIAMI FL 33175	<b>Mailing Address</b> 12019 SW 39TH TERRACE MIAMI FL 33175
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



☐ CHECK HERE IF MAKING CHANGES

<b>4. FEI Number</b> 75-3063571		<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
DEAN, IAN R 12019 SW 39TH TERRACE MIAMI FL 33175		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.**

<b>SIGNATURE</b>	<b>DATE</b>
Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> DEAN, IAN R 12019 SW 39TH TERRACE MIAMI FL 33175 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D/P/T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> GUTIERREZ, MANUEL R 6790 SW 65 ST MIAMI FL 33143 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D/V/S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> 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.**

<b>SIGNATURE:</b> <i>Ian R. Dean, Pres.</i>	<b>DATE:</b> 2/14/03	<b>DAYTIME PHONE #:</b> (305) 259-5611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

CR2E034 (10/02)