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

P02000064413



FILED Apr 28, 2003 8:00 am Secretary of State

1. Entity Nan		00064413		04-28-2003 91371 039 ***150.00	AV
Principal Place of Business 1380 W. 68TH STREET HIALEAH FL 33014		Mailing Address 1380 W. 68TH STREET HIALEAH FL 33014			
2. Principal F	Place of Business	3. Mailing Address		3 ISBANDON III ODNAS IIDIN OSAII ODNII BANNA BONIO ONNA DISIN ONNA IIDISI IIDID ANN IDISI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	
			Name		
TANEN, JEFFREY S ESQ. GOLDSTEIN, TANEN & TRENCH, P.A.			Street Addre	ress (P.O. Box Number is Not Acceptable)	
TWO SOUTH BISCAYNE BLVD. SUITE 3250					
MIAMI FL	33131		City	FL Zip Code	ĺ
8. The above the obligat SIGNATURE	e named entity submits this statement folions of registered agent. Signature, typed or printed name of registered agent		registered office or regi	gistered agent, or both, in the State of Florida. I am familiar with, and accept equired when reinstating)	
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	f State		- 9. Election Campaign Financing 5.00 May Be Trust Fund Contribution. Added to Fees	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Blanca Alosta 8505 N.W. 745t Highing Adrida	Delete -	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	CR2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	et.	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME =STREET ADDRESS	☐ Change ☐ Addition	
CITY-ST-ZIP			CITY-ST-ZIP	•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 if 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: