




FILED  
May 12, 2003 8:00 am  
Secretary of State

05-12-2003 90207 034 \*\*\*150.00

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

<b>DOCUMENT # P02000066002</b>		
1. Entity Name <b>THE DIESEL GROUP, INC.</b>		
Principal Place of Business 4400 N FEDERAL HIGHWAY STE 44 BOCA RATON, FL 33431		Mailing Address 4400 N FEDERAL HIGHWAY STE 44 BOCA RATON, FL 33431
2. Principal Place of Business <b>3300 PGA BLVD</b> Suite, Apt. #, etc. <b>SUITE 410</b> City & State <b>ROCK BEACH GARDENS</b>		3. Mailing Address <b>3300 PGA BLVD</b> Suite, Apt. #, etc. <b>SUITE 410</b> City & State <b>ROCK BEACH GARDENS</b>
4. FEI Number <b>01-0721875</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>SPIEL &amp; LITZBERG, P.A.</b> 1040 SW 22ND ST. 4TH FLOOR MIAMI, FL 33445		7. Name and Address of New Registered Agent Name <b>ADAM SMITH</b> Street Address (P.O. Box Number is Not Acceptable) <b>3300 PGA BLVD SUITE 410</b> City <b>ROCK BEACH GARDENS FL 33410</b>
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  <b>ADAM SMITH, PRESIDENT</b> <b>5-2-03</b> <small>(Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent's signature required when resigning)</small>		
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$500.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP PTD SMITH, ADAM 4400 N FEDERAL HIGHWAY STE 44 BOCA RATON, FL 33431 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP VSD DICICCO, MICHAEL 4400 N FEDERAL HIGHWAY STE 44 BOCA RATON, FL 33431 <input checked="" type="checkbox"/> Delete		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"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		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, in my address, if that other like empowered.		
SIGNATURE:  <b>ADAM SMITH, PRESIDENT</b> <b>5-2-03</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>786 486 8499</b> <small>Office Phone #</small>

CF2E034 (10/02)