

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

| | | |
|--|---|---|
| DOCUMENT # P02000068857 1. Entity Name BEACHCOMBER INVESTMENTS CORP. | | |
| Principal Place of Business 1414 COLLINS AVE. MIAMI BEACH, FL 33139 | | Mailing Address P.O. BOX 832137 MIAMI, FL 33283-2137 |
| 2. Principal Place of Business 1340 COLLINS AVE Suite, Apt. #, etc. | | 3. Mailing Address 1340 COLLINS AVENUE Suite, Apt. #, etc. |
| City & State MIAMI BEACH - FL | | City & State MIAMI BEACH - FL |
| Zip 33139 | Country USA | 4. FEI Number 02-0629696 |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | 10090969 |
| 6. Name and Address of Current Registered Agent BALLESTAS AND ASSOCIATES, INC. 7730 SW 69 TR. MIAMI, FL 33143 | | 7. Name and Address of New Registered Agent Name JUAN PABLO D'ONOFRIO Street Address (P.O. Box Number is Not Acceptable) 1414 COLLINS AVE City MIAMI BEACH FL Zip Code 33139 |
| 8. The above named entity admits 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 D'ONOFRIO, J. PABLO DATE APRIL 21ST, 2003 <small>Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when resigning)</small> | | |
| FILE NOW! FEES \$150.00 After May 7, 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 | PSD <input type="checkbox"/> Delete ARVESU, MANUEL 201 ALHAMBRA CIRCLE CORAL GABLES, FL 33134 | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP |
| 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 supplement I 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 507, 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 names, empowered. | | |
| SIGNATURE: JUAN PABLO D'ONOFRIO | | DATE 04/21/03 - (305) 532-0043 <small>Call Area Phone #</small> |

CR2E034 (10/02)

