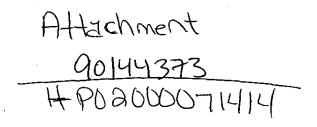
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Jul 18, 2003 8:00 am Secretary of State 07-18-2003 90074 050 \*\*\*150.00

1. Entity Nam	ne	# P020000 s corporat			<b>, L</b> _=			0/-18-2003 90	JU/4 US	9 ****13	10.00
Principal Place of Business 947 NANDINA DR 947 NANDINA DR WESTON, FL 33327 WESTON, FL 33327											
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF I	AAKING CI	HANGES	
City & State			C	City & State							plied For x Applicable
<i>Z</i> îp	ال حصير	Country	Zi	· · · · · · · · · · · · · · · · · · ·	Coun	try		Certificate of Status Desired.			ditional
		and Address of C	urrent Registe	ored Agent	·	Name	7. N	lame and Address of New Reg	stered Age	ent	
ROJAS, NATALY M 947 NANDINA DR WESTON, FL 33327				Street Ad			ss (P.O. Box Number is Not Acceptable)				
						City			FL	Zip Cod	e
	named entitions of regist		ment for the pu	rpose of changing its	register	ed office or registe	ered ag	ent, or both, in the State of Florid	a. Iam fan	niliar with,	and accept
SIGNATURE											
FILE NOWIII FEE'IS \$150.00 After May 1, 2003 Fee, Will be \$550.00 Make Check Payable to Florida Department of State								Section Campaign Finance     Trust Fund Contribution.	cing		May Be
10.	I 40	OFFICER	S AND DIRECT	<del></del>	11,		AD	DITIONS/CHANGES TO OFFICE			
TITLE NAME STREET ADDRESS CITY-ST-ZP	DPVS ROJAS, N 947 NAND WESTON			□ Delete					L	] Change	Addition
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TITLE NAME STREET ADDRESS	WESTON	, FL 33327	· - · •,	Delete	TITLE NAME STREET	E ET ADDRESS	-			] Change	Addition
CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP		<del></del>		☐ Delete	10 LO Nama Stre	1 .				] Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZP				□ Delete	TITLE NAME STREET			,	C	] Change	☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3XI). 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.											
SIGNATURE: SIGNATURE AND TYPE DOS PRINTED NAME OF SIGNING OFFICER OR DIRECTOR COME CAYLING FROM #											



Re: NATALY M ROJAS CORP Fed Tax # 42-1542134

To whom it may concern

As per our phone conversation this implements the full payment for the annual report. We did not receive it & we know now that its due.

Kindly waive all late fees.

Thank you for your consideration \_\_\_\_\_

Nataly Rojas