

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

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DOCUMENT #		P02000071696				Secretary of State	
1. Entity Name		PABLO TRIFFON, INC.				01-24-2003 90068 002 ***150.00	
Principal Place of Business		Mailing Address					
1308 S.W. 19TH AVENUE		1308 S.W. 19TH AVENUE					
FT. LAUDERDALE FL 33312		FT. LAUDERDALE FL 33312					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number		Applied For	
				51-0417190		Not Applicable	
Zip		Country		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
				<input type="checkbox"/>			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
DACOSTA, PAUL				Name			
1308 S.W. 19TH AVENUE				Street Address (P.O. Box Number is Not Acceptable)			
FT. LAUDERDALE FL 33312				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.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE D [Delete] NAME DACOSTA, PAUL STREET ADDRESS 1308 S.W. 19TH AVENUE CITY-ST-ZIP FT. LAUDERDALE FL 33312				TITLE [Change] [Addition] NAME STREET ADDRESS CITY-ST-ZIP			
TITLE [Delete] NAME STREET ADDRESS CITY-ST-ZIP				TITLE [Change] [Addition] NAME STREET ADDRESS CITY-ST-ZIP			
TITLE [Delete] NAME STREET ADDRESS CITY-ST-ZIP				TITLE [Change] [Addition] NAME STREET ADDRESS CITY-ST-ZIP			
TITLE [Delete] NAME STREET ADDRESS CITY-ST-ZIP				TITLE [Change] [Addition] NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE [Delete] NAME STREET ADDRESS CITY-ST-ZIP				TITLE [Change] [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 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: Paul Dacosta				1/7/03 954-791-2019			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			