2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT#

P02000071696

1. Entity Name

PABLO TRIFFON, INC.



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

01-24-2003 90068 002 ***150.00

						WE					
Principal Plac	e of Business		Mailin	ng Address							
1308 S.W. 19TH AVENUE			1308	1308 S.W. 19TH AVENUE							
FT. LAUDERDALE FL 33312			FT. L	FT. LAUDERDALE FL 33312							
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2. Principal Place of Business			3. Mai	3. Mailing Address				i 80111 88111 B a ll	i i nsk i ishth bitib	TÄHLE BILL (BRI	
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Suite, Apt.	#, etc.		Suit	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
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City & Stat	te		City	City & State			4. FEI Number 5/- 04	17190	Ap	plied For	
										ot Applicable	
Zip	Country			Zip Coun			5. Certificate of Status Desired \$8.75 Addition				
									Fee Require	d	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
						Name					
DACOSTA	, PAUL	-					(PO Box Number is Not Acceptable)				
		NUF		Street_Address			(P.O. Box Number is Not Acceptable)				
1308 S.W. 19TH AVENUE FT. LAUDERDALE FL 33312								·			
FI. LAUDENDALE PC 33312									· · ·		
					City _	_		F	Zip Cod	e .	
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											
	tions of regist		nent for the parp	ose of changing its	registered office	or registere	o agent, or both, in the state of	riorida. Tan	i italiinita viili,	and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
_	Signature, typed	or printed name of registers	ed agent and title if app	olicable. (NOTE	: Registered Agent sign	ature required v	when reinstating)	DATE			
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be											
Afte	r May 1, 200	3 Fee will be \$5!	50.00		~ .	-	9. Election Campaign	Financing			
Make Check	k Payable to	Florida Departm	ent of State				Trust Fund Contribu	uion.	∟ Added	to Fees	
10.		OFFICERS	S AND DIRECTO	I PRS	11.		ADDITIONS/CHANGES TO C	FFICERS AN	ID DIRECTORS	S IN 11	
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NAME	DACOSTA	PALII		LJ Doloto	NAME				onange		
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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: