

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

DOCUMENT # *102 0000 72721*

1. Entity Name

Guarathy General Services, Corp.

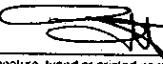
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>10247 SW 24 ST</i>	3. Mailing Address Suite, Apt. #, etc. <i>Apt D 474</i>
City & State <i>Miami, FL</i>	City & State <i>Miami, FL</i>
Zip <i>33165</i>	Country <i>33165</i>
<p>DO NOT WRITE IN THIS SPACE</p>	
<p>4. FEI Number <i>01-072 8996</i></p>	
<p>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</p>	

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<p>7. Name and Address of Current Registered Agent Name <i>Jesus - Spindola</i> Street Address (P.O. Box Number is Not Acceptable) <i>10247 SW 24 ST Apt D-474</i> City <i>Miami</i> FL Zip Code <i>33165</i></p>	

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.

SIGNATURE 

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE *1/11/03*

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$650.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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<p>11. OFFICERS AND DIRECTORS</p>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President Jesus Spindola 10247 SW 24 ST Apt D-474 Miami, FL 33165</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i></i>
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *1/11/03*

Daytime Phone #

CR2E034B (12/01)