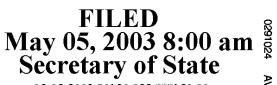
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)





1. Entity Nam			1007	4309				05-05-2003 9	0130 0	22 ***150.0	00	
Principal Place of Business 10200 NW 25 ST STE 207 MIAMI FL 33172				Mailing Address 10200 NW 25 ST STE 207 MIAMI FL 33172					41b 83 fel 8 mz		861111111111111111111111111111111111111	
•												
2. Principal Place of Business				3. Mailing Address				***************************************	****			
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State	е	City & State				4. F	El Number 90 - 00 505	70		opplied For lot Applicable		
Zip	Zip Country		Zip	Zip Cour		ntry	5. 0	Certificate of Status Desired		\$8.75 Ad Fee Require	Iditional ed	
6. Name and Address of Current Registered Agent								7. Name and Address of New Registered Agent				
						Name						
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST.						Street Address (P.O. Box Number is Not Acceptable)						
4TH FLOOR											Ì	
MIAMIFL:	33145		City					F	Zip Cod	de		
	named entity ions of registe		r the purp	ose of changing its	register	ed office or registe	red age	ent, or both, in the State of Flo	orida. I ai	m familiar with	, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (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								9. Election Campaign Fi Trust Fund Contribution		\$5.0 Adde	00 May Be od to Fees	
10.		OFFICERS AND	DIRECTO	PRS	11.		AD	DITIONS/CHANGES TO OFF	ICERS A	ND DIRECTOR	3S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	PSTD MADRAZO, 10200 NW MIAMI FL 3	25 ST STE 207		` 🗖 Delete						☐ Change	☐ Addition	
TITLE	MIAWI FE 3	51/2			TITL					Change	Addition	
NAME STREET ADDRESS				□ Delete	NAM Stri	EET ADDRESS				ondings		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	- -	to a second of	<u> </u>	☐ Delete	TITL NAM STRI	ſ				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete		ı				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		l l				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		information supplied with		☐ Delete	CITY	E EET ADDRESS -ST-ZIP		110 07/2Vi) Florido Stolutos		Change	Addition	

Interest 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: