


FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATION
 03 JUL -3 PM 6:04

AMENDED

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

DOCUMENT # P02000074629

1. **Crusty Name**
ENTRE-PANES, CORP



Principal Place of Business
 780 NW 42 AVE., STE. 420
 MIAMI, FL 33126

Mailing Address
 780 NW 42 AVE., STE. 420
 MIAMI, FL 33126

2. **Principal Place of Business**
 State, Apt. #, etc.
 City & State
 Zip Country

3. **Mailing Address**
 State, Apt. #, etc.
 City & State
 Zip Country

AMENDED

CHECK HERE IF MAKING CHANGES

4. **FDI Number**
 270033398 Applied For
 Not Applicable

5. **Certificate of Status Desired** **\$5.75 Additional Fee Required**

6. **Name and Address of Current Registered Agent**
MAZZA-MARQUEZ, MS. TANIA A
 780 NW 42 AVE., STE. 420
 MIAMI, FL 33126

7. **Name and Address of New Registered Agent**
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 _____ DATE _____

9. **Election Campaign Financing Trust Fund Contribution** **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARDONE, ANNA 780 NW 42 AVE., STE. 420 MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Cardone, Margherita 780 NW 42 Ave., #420 Miami, FL 33126 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE OLIVEIRA, ASILIO T. M 780 NW 42 AVE., STE. 420 MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Cardone, Margherita 780 NW 42 Ave., #420 Miami, FL 33126 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not conflict with the information stated in Section 919.07(3)(b), Florida Statutes. I further certify that the information reported 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 prepare 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 the employees.

SIGNATURE: _____

FEEBOOK (1/01/02)

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 **\$61.25