

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

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90128 033 ***150.00

03105631 AV

DOCUMENT # P02000077773



1. Entity Name
MIS OFICINAS, INC.

Principal Place of Business
**1155 BRICKELL BAY DRIVE UNIT 1507
MIAMI FL 33131**

Mailing Address
**1155 BRICKELL BAY DRIVE UNIT 1507
MIAMI FL 33131**



2. Principal Place of Business
848 BRICKELL AVE.

3. Mailing Address
848 BRICKELL AVE.

Suite Apt. #, etc.
1225 suite.

Suite, Apt. #, etc.
1225 suite

CHECK HERE IF MAKING CHANGES

City & State
MIAMI, FL.

City & State
MIAMI, FL.

4. FEI Number
64-2066076

Applied For
 Not Applicable

Zip Country
33131 USA

Zip Country
33131 USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TOVAR, ILEANA A ESQ
1725 MAIN STREET STE 205
WESTON FL 33326**

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 _____ (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 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	DP GUERRERO, JOSE P 1155 BRICKELL BAY DRIVE UNIT 1507 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GUERRERO, CARLOS A 1155 BRICKELL BAY DRIVE UNIT 1507 MIAMI FL 33131	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DUMANI, YALILE 1155 BRICKELL BAY DRIVE UNIT 1507 MIAMI FL 33131	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GUERRERO, ANA CRISTINA 1155 BRICKELL BAY DRIVE UNIT 1507 MIAMI FL 33131	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
848 BRICKELL AVE. suite 1225 MIAMI, FL. 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D ANDREA REINERS 848 BRICKELL AVE. suite 1225 MIAMI, FL. 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: [Signature] **JOSE PABLO GUERRERO** **Jan-28-2003** (305) 374-4454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)