2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

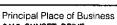
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FILED Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90234 006 ***150.00

DOODIVILIAL #	1 0200000000
1. Entity Name	
MUNOZ & D., INC.	



Mailina Addrona

	Trincipal Flace of Busilless	Walling Address
	9415 SUNSET DRIVE	9415 SUNSET DRIVE
	SUITE 200	SUITE 200
	MIAMI FL 33173	MIAMI FL 33173
	2. Principal Place of Business	3. Mailing Address
	8130 SW 10 TELLACE	8180 CW 10 TEVE
	Suite, Apt. #, etc.	Suite, Apt. #, etc.
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Ì	City & State	City & State
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CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For 61-436923 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 200 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FERNANDEZ, CONSUELO C ESQ. 8130 S.W. 10 TERRACE **MIAMI FL 33144**

8. The above named entry 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 re ed agent.

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

TILE 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITI F TITLE ☐ Addition IL MUNOZ RODRIGUEZ, RAUL NAME NAME 8120 S.W. 10 TERRACE STREET ADDRESS STREET ADDRESS **MIAMI FL 33144** CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 attackment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER