2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000087586

1. Entity Name MASTRO-LETEO BROTHER, CORP.



FILED Mar 31, 2003 8:00 am \$ Secretary of State

03-31-2003 90217 009 ***150.00

			WE 155	
Principal Place of Business 536 BILTMORE WAY CORAL GABLES FL 33134		Mailing Address 536 BILTMORE WAY CORAL GABLES FL 33134		
		1-2		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number Applied For Not Applied For Not Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
CUEVAS, ANDREW ESQ			Name.	***
536 BILTMORE WAY			Street Address	(P.O. Box Number is Not Acceptable)
CORAL GABLES FL 33134				
	,		City	FL Zip Code
8. The above named entity sugmits this statement for the or pose 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	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent signature require	ed when reinstating) DATE
	ILE NOW!!! FEE IS \$150.00			
Afte	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
-10´	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	DPS MASTROMATTEO, JUAN PABLO 536 BILTMORE WAY CORAL GABLES FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS 'CITY-ST-ZIP	DVT LETEO, MARIA GABRIELA 536 BILTMORE WAY CORAL GABLES FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	>======================================	Delete	TITLE	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-2IP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>y</i> .	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: