DOCUMENT # POZODOO 89496			FILED
1. Entity Name ASSISI CORP.			03 SEP 18 PM 2: 45
Principal Place of Business	Mailing Address		SECRETARY OF STATE FALLAHASSEE FLORIDA
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc. SuiTE 501	155 OCEAN Suite, Apt. #, etc.	LANE DR.	DO NOT WRITE IN THIS SPACE
City & State KEY BISCAYNE, FL	City & State KEY BISCAYA	IE, PL	4. FEI Number Applied For Not Applicable
Zip Country	Zip 3149	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
			7. Name and Address of New Registered Agent
	,	Name Su	SANNA MALVISI SERVALLI
Street Address (S (P.O. Box Number is Not Acceptable) OLEAN LANE DR.
			TE 501
L		CityKEY	Biscayne FL 35094
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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Projectered Agent signature required when reinstating) DATE			
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of St			
11. OFFICERS AND			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME NARIA H. SERVILL. STREET ADDRESS OTTY-ST-ZIP KRY BISCAYNE, FL	JR. 2 307	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8000232369

2003 UNIFORM BUSINESS REPORT (UBR)

SUSANNA MALVIS: SERVILE Pelete TITLE TITLE ☐ Change ☐ Addition NAME NAME OCEAN LANE, DA. 4501 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 33149 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 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 ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

Make: **Make: **Parameter

Make: **Make: **Parameter

Make: **Make: **Parameter

**Make: **Make:

SIGNATURE:

THE NAME OF SIGNING OFFICER OR DIRECTOR

9/10/03 305-538-3473

Machinent

EDEA & ASSOCIATES SERVICES GROUP, INC.

4445 WEST 16TH AVENUE - SUITE 502 - HIALEAH, FL 33012 TEL. (305) 823-3455 FAX (305) 823-406

September 12, 2003

Division of Corporations P. O. Box 1500 Tallahassee, FL 32302-1500

REF: Assisi Corp. Document # P02000089496

Dear Sir or Madam:

Enclosed we are submitting the 2003 Uniform Business Report and a check for \$150.00 per as stated in our telephone conversation. It appears that the original UBR was sent to the attorney, Mariana C. Blanco, who was representing Assisi Corp. Ms. Blanco has closed the office and moved to an unknown address. As you can see from the UBR there has been several changes done in order to bring the corporation files up-to-date.

Please abate all penalties due to the officers unaware that the corporation was in total control by the registered agent since they where never name as officers or directors of Assisi Corp. Also, take into consideration that the officers where unaware of the regulations to maintained a corporation in the State of Florida.

Thank you for all your assistance in resolving this matter and hope to hear good news from your office.

Sincerely,

Emilio de Acosta, Representative

For Assisi Corp.

EDEA/og

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