

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000091066 1. Entity Name CECI ENTERPRISES, INC.															
Principal Place of Business 7951 SW 40 ST STE 206 MIAMI, FL 33155		Mailing Address 7951 SW 40 ST STE 206 MIAMI, FL 33155													
<div>DO NOT WRITE IN THIS SPACE</div>															
		<div>04212004 No Chg-P CR2E034 (10/03)</div> <div>4. FEI Number 38-3661958</div> <div>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</div>													
6. Name and Address of Current Registered Agent GARCIA, MARIA C 11119 SW 122 CT MIAMI, FL 33186		<div>DO NOT WRITE IN THIS SPACE</div>													
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, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees													
10. OFFICERS AND DIRECTORS		U000000130775 04/26/04-80131-019 150.00													
<table border="1"><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td>DPVS GARCIA, MARIA C 11119 SW 122 CT MIAMI, FL 33186</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td>T GARCIA, MARIA C 11119 SW 122 CT MIAMI, FL 33186</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td></tr></table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPVS GARCIA, MARIA C 11119 SW 122 CT MIAMI, FL 33186	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GARCIA, MARIA C 11119 SW 122 CT MIAMI, FL 33186	TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP		<div>DO NOT WRITE IN THIS SPACE</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPVS GARCIA, MARIA C 11119 SW 122 CT MIAMI, FL 33186														
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GARCIA, MARIA C 11119 SW 122 CT MIAMI, FL 33186														
TITLE NAME STREET ADDRESS CITY - ST - ZIP															
TITLE NAME STREET ADDRESS CITY - ST - ZIP															
TITLE NAME STREET ADDRESS CITY - ST - ZIP															
TITLE NAME STREET ADDRESS 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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/22/04 3052010251													