
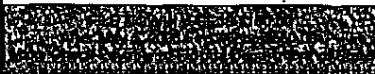



**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

JUN 11 2003

DOCUMENT # P02000093508		
1. Entity Name INTROWORLD APPLICATIONS OF FLORIDA, INC.		
Principal Place of Business 1550 BLUE JAY CIRCLE WESTON, FL 33327		Mailing Address 1550 BLUE JAY CIRCLE WESTON, FL 33327
2. Principal Place of Business 1550 Blue Jay Circle State, Apt. #, etc. Weston, Fla City & State 33327		3. Mailing Address 1550 Blue Jay Circle State, Apt. #, etc. Weston, Fla City & State 33327
Zip 33327	Country U.S.A.	4. FEI Number 30-0159802
5. Certificate of Status Desired <input type="checkbox"/>		6. \$8.75 Additional Fee Required <input type="checkbox"/>
8. Name and Address of Current Registered Agent ESPELETA, LILIANA M 1550 BLUE JAY CIRCLE WESTON, FL 33327		7. Name and Address of New Registered Agent
9. 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: 		DATE: _____
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: D NAME: ESPELETA, LILIANA M STREET ADDRESS: 1550 BLUE JAY CIRCLE CITY-ST-ZIP: WESTON, FL 33327	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: VP NAME: MCOTY, MICHAEL J STREET ADDRESS: 9544 SOUTH HAGEN ST. CITY-ST-ZIP: HIGHLANDS RANCH, CO 80126	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	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 190.07(30), 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 807, 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 filers empowered.		
SIGNATURE: 		DATE: March, 21, 2003



EIN



April 16, 2003

EIN 30-0159802