FILED May 05, 2003 8:00 am Secretary of State 05-05-2003 90246 024 ***150.00

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

| DOCUM 1. Entity Name | MENT# P020000 | 97190 | | | | | | |
|--|---|--|---|---|---|--|--|--|
| FLOR | IDA AGENT SERVIC | ES, INC. | 30123727 | | | | | |
| | OO NOT WRIT | E IN THIS | SPACE | | * . | | | |
| | lace of Business ICKELL AVE | 3. Mailing Address 1221 BRICKE | LL AVE | | | | | |
| Suite, Apt. #. etc. 9TH FLOOR | | Suite, Apt. #, etc. 9TH FLOOR | | DO NOT WRITE IN THIS SPACE | | | | |
| City & State MIAMI FL | | City & State MIAMI FL | | 4. FEI Number | Applied For Not Applicable \$8.75 Additional | | | |
| Zip 33131 | Country USA | Zip 33131 | Country USA | JSA 5. Certificate of status Desired L1 | | | | |
| | | | | and Address of Registered Agent EGISTERED AGENT INC | | | | |
| | | | 6.077.377.4.3.6 | (P.O. Box Number is Not Acceptable) | | | | |
| | | | 25 SE 2ND | 25 SE 2ND AVE. SUITE 1036 | | | | |
| | | | City MIAMI | FL Zip Code 33131 | | | | |
| SIGNATURE . 9. This corporate filing r | Signature, typed or printed name of registered agoration is eligible to satisfy its Intangi equirement and elects to do so, ia on back) | ont and like if applicable. Die January After | PAUL SMITH, VICE-PI (NOTE: Registered Agent signature required 1 - May 1 Fee is \$150.00 May 1, Fee is \$550.00 nded UBR is \$61.25 | 10. Election Campaign Financia Trust Fund Contribution. | <u>0 ~ 0 3</u> | | | |
| 11. | | ID DIRECTORS | ayable to Department of Sta | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPV PAUL SMITH 25 SE 2ND AVE. SUITE 10 MIAMI, FL 33131 | 036 | TITLE NAME STREET ADDRESS (CITY ST. 2P | | Over the second | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | MAME NAME STREET ADDRESS CITY ST. 2P | | | | | |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | | \$ | TITLE NAME STREET ADDRESS CITY ST 2IP | DO NOT W | 'RITE | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | NAME STREET ADDRESS COTT ST ZP | INTHIS SE | PACE | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | NAME STREET ADDRESS OTYST-TP | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | NAME STREET ADDRESS, CITY-ST-ZIP | | | | | |
| | andifu that the information supplied u | with this filing does not gual | ify for the exemption stated in Se | ection 119.07(3)(i), Florida Statutes. I furti | her 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 on an attachment with an address, with all other like empowered.

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|---|---|---|----|----|---|----|

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL SMITH, DPV

4-30-03

305-674-3359