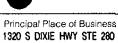
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000097200

1. Entity Name NOGALES PROPERTY HOLDINGS INC.



Mailing Address

1320 S DIXIE HWY STE 280

FILED Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90240 038 ***150.00

CORAL GABLES FL 33146		CORAL GABLES FL 33146						
2. Principal Place of Business		3. Mailing Address			. 4 \$4 \$4 \$4 \$4 \$4 \$4 \$4 \$4 \$4 \$4 \$4 \$4 \$		B	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. 1	FEI Number	Applied For Not Applicable		
Zip	Country	Zip Country			Certificate of Status Desired	¢0.75 A 1115		
	1	7. Name and Address of New Registered Agent						
SANCHEZ DE VARONA, RAUL J			Name					
1320 S DI	XIE HWY STE 280	·	Street Addr	Street Address (P.O. Box Number is Not Acceptable)				
CORAL G	ABLES FL 33146		City			Zip Cod		
Dgra	:		City		F	L Zip Cod	16	
8. The above of the obligation	e named entity submits this statement for tions of registered agent.		registered office or reg	gistered age	ent, or both, in the State of Fiorida. I a	m familiar with,	and accept	
	Signature, sped or printed name of registered agent a	nd title if applicable. (NOTE	E: Registered Agent signature re	quired when re	instating) DAT	Ī		
Afte	(LE) NOW!(I) FEE (IS) \$150:00 FMay, 1, 2003: Fee will be (\$550.00 k Rayable (to Florida) Department of				Election Campaign Financing Trust Fund Contribution.		00 May Be	
10.	OFFICERS AND (DIRECTORS	11.	AD	DITIONS/CHANGES TO OFFICERS A	ND DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONROY ANGEL, MARTA E 1320 S DIXIE HWY STE 280 CORAL GABLES FL 33146	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
TITLE HAME STREET ADDRESS GITY-ST-ZIP	D BERNAL DE SOLANO, ROSA 1320 S DIXIE HWY STE 280 CORAL GABLES FL 33146	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	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-ZIP		Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TATLE : - NAME : STREET ADDRESS CITY (ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CIT TIP		Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ Change	Addition	
	Lettify that the information supplied with	this filing does not qualify for		n Section 1	19.07(3)(i), Florida Statutes. I further of	ertify that the in	nformation	

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 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.

305 667 77 \$