


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

FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90129 035 ***158.75

DOCUMENT # P02000103236

1. Entity Name
WIRE MESH CORP.



Principal Place of Business
8761 PERIMETER PARK BLVD
SUITE 200
JACKSONVILLE FL 32216

Mailing Address
8761 PERIMETER PARK BLVD
SUITE 200
JACKSONVILLE FL 32216

2. Principal Place of Business
FAYE ROAD + NEW BERLIN

3. Mailing Address
121 WEST FORSYTH STREET

Suite, Apt. #, etc.
800

City & State
JACKSONVILLE, FL.

City & State
JACKSONVILLE, FL.

Zip
32226

Country
U.S.A.

Zip
32202

Country
U.S.A.

4. FEI Number
43-1976421

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CAPITOL CORPORATE SERVICES, INC.
1333 NORTH DUVAL ST.
TALLAHASSEE FL 32226

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	AVENDANO, FRANCISCO G	
STREET ADDRESS	NEW BERLIN AND FAYE	
CITY-ST-ZIP	JACKSONVILLE FL 32226	
TITLE	CHAIRMAN/DIR	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CHAIRMAN/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSE IGNACIO SALA MILEGO	
STREET ADDRESS	121 WEST FORSYTH STREET, SUITE 800	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUIS BARRENECHEA	
STREET ADDRESS	121 WEST FORSYTH STREET, SUITE 800	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUAN CARLOS SALA	
STREET ADDRESS	121 WEST FORSYTH STREET, SUITE 800	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Signature Required** **President** **3-10-03 904 358 1182**

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)