

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90207 033 \*\*\*150.00

<b>DOCUMENT #</b> P02000105769
<b>1. Entity Name</b> ACTION BROKERS & CONSULTANTS, INC.

<b>DO NOT WRITE IN THIS SPACE</b>	
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<b>2. Principal Place of Business</b> FL Suite, Apt. #, etc. % JOSE M MARTINEZ City & State CORAL GABLES FL Zip 33134	<b>3. Mailing Address</b> 2100 SALCEDO STREET Suite, Apt. #, etc. 300 City & State CORAL GABLES, FL. Zip 33134
Country USA	Country USA

<b>DO NOT WRITE IN THIS SPACE</b>	
<b>4. FEI Number</b> 56-2297563	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

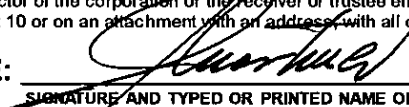
<b>DO NOT WRITE IN THIS SPACE</b>	
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<b>7. Name and Address of Current Registered Agent</b>	
Name JOSE M MARTINEZ	
Street Address (P.O. Box Number is Not Acceptable) 2100 SALCEDO STREET	
SUITE 300	
City CORAL GABLES, FL	Zip Code 33134

**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.**

<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	<b>DATE</b>
<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> <b>Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	PD LINARES, JULIAN 420 LINCOLN ROAD SUITE 506 MIAMI BEACH, FL. 33139	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	VD PADRON, LUIS 420 LINCOLN ROAD SUITE 506 MIAMI BEACH, FL. 33139	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	SD MARTINEZ, JOSE M 2100 SALCEDO STREET # 300 CORAL GABLES, FL. 33134	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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<b>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 on an attachment with an address with all other like empowered.</b>	
<b>SIGNATURE:</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	04/26/03 305-992-3223 Date Daytime Phone #

CR2E034B (1/2002)