


04-22-2003 90044 026 ***150.00

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

DOCUMENT # P02000109574

1. Entity Name
REINALDO CASTELLANOS, P.A.



90100574

Principal Place of Business 115 CALABRIA AVENUE SUITE 7 CORAL GABLES, FL 33134	Mailing Address 115 CALABRIA AVENUE SUITE 7 CORAL GABLES, FL 33134
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CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 05-0535596	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CASTELLANOS, REINALDO
 115 CALABRIA AVENUE
 SUITE 7
 CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

B. 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 date if applicable. (NOTE: Registered Agent's Name is required when amending)

FILE NOW!!! FEE IS \$150.00
 If Filed May 15, 2003 Fee will be \$650.00
 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME	PD CASTELLANOS, REINALDO 115 CALABRIA AVENUE, SUITE 7 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS CITY-ST-ZIP			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 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 like empowered.

SIGNATURE: *R Castellanos* DATE: 4/18/03 DAYTIME PHONE: 305 4769306
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2EC03A (10/02)