

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90758 040 ***150.00

DOCUMENT # P02000110997



1. Entity Name

AMBARTECH, INC.

Principal Place of Business

Mailing Address

8353 LAKE DR STE J-401 MIAMI FL 33166 8353 LAKE DR. STE J-401 MIAMI FL 33166



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. 7105 SW 8 ST
City & State 309

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number

05-0535131

Applied For

Not Applicable

Zip

Country

Zip

Country

33144

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LLOREDA, ALBERTO J
8353 LAKE DR, STE J-401
MIAMI FL 33166

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE



9. Election Campaign Financing Trust Fund Contribution:

\$5.00 May Added to Fee

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP NAME LLOREDA ALBERTO J. Delete
STREET ADDRESS 8353 LAKE DR STE J-401
CITY-ST-ZIP MIAMI FL 33166

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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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Alberto J. Lloreda 4/20/03 (305) 226-3445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #