

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

05-05-2003 91788 017 \*\*\*150.00

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

<b>DOCUMENT # P02000117942</b>			
1. Entity Name <b>SPANISH ENGLISH BUSINESS CONSULTING, CORP.</b>			
Principal Place of Business <b>1560 SAWGRASS CORPORATE PARKWAY #400 SUNRISE, FL 33323</b>		Mailing Address <b>1560 SAWGRASS CORPORATE PARKWAY #400 SUNRISE, FL 33323</b>	
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip  Country		3. Mailing Address <b>16700 SOUTH POST RD. 104 WESTON, FL 33331 USA</b>	
		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
		4. FEI Number <b>76-0719117</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SCANNAPIECO, OSCAR R 1560 SAWGRASS CORPORATE PARKWAY #400 SUNRISE, FL 33323</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when necessary.)</small> DATE _____			
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$250.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCANNAPIECO, OSCAR R 1560 SAWGRASS CORPORATE PARKWAY #400 SUNRISE, FL 33323 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUIBAL VAZQUEZ, GRACIELA M. 1560 SAWGRASS CORP. PKWY #400 SUNRISE, FL 33323 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCANNAPIECO LUCIANA 1560 SAWGRASS CORP. PKWY #400 SUNRISE, FL 33323 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <b>SCANNAPIECO, OSCAR R.</b>		04/10/2003 954-394-0005	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CR2E034 (10/02)