

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90938 001 ***150.00

DOCUMENT # P02000120888

1. Entity Name

THE OIL WIZARD INC.



Principal Place of Business

7155 SW 8TH ST.

MIAMI FL 33144

Mailing Address

7155 SW 8TH ST.

MIAMI FL 33144

2. Principal Place of Business

5700 SW 83RD AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI - FL

City & State

Zip 33143-1519 Country DADE

Zip

Country

4. FEL Number

02-0657349

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZABALA, MONICA M

7155 SW 8TH ST.

MIAMI FL 33144

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTS
NAME ZABALA, MONICA M
STREET ADDRESS 7155 SW 8TH ST.
CITY-ST-ZIP MIAMI FL 33144

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE V
NAME ZABALA, ANDRES
STREET ADDRESS 7155 SW 8TH ST.
CITY-ST-ZIP MIAMI FL 33144

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
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Change Addition

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CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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 and Typed or Printed Name of Signing Officer or Director

V-PRESIDENT 305-266-0086

Date

Daytime Phone #

CR2E034 (10/02)