

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90915 034 ***150.00

UNIFORM BUSINESS REPORT

DOCUMENT # P02000122859

1. Entity Name
GODWARD INVESTMENTS, INC.



Principal Place of Business
**525 RIDGEWOOD ROAD
KEY BISCAIYNE FL 33149**

Mailing Address
**525 RIDGEWOOD ROAD
KEY BISCAIYNE FL 33149**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
180 CRANDON BLVD

3. Mailing Address
180 CRANDON BLVD

Suite, Apt. #, etc.
101

Suite, Apt. #, etc.
101

City & State
Key Biscayne, FL

City & State
Key Biscayne, FL

Zip
33149

Country
USA

Zip
33149

Country
USA

4. FEI Number
42-1560360

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CALVO, LIZABETH F
328 CRANDON BOULEVARD
SUITE 226
KEY BISCAIYNE FL 33149**

7. Name and Address of New Registered Agent

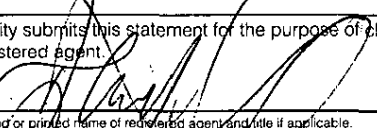
Name
~~PATRICIO DAVY~~

Street Address (P.O. Box Number is Not Acceptable)
50 OCEAN LANE DR #106

City
Key Biscayne FL

Zip Code
33149

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  **PATRICIO DAVY** **4-10-03**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GODWARD, MARK 525 RIDGEWOOD ROAD KEY BISCAIYNE FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete GODWARD, FLORENCIA 525 RIDGEWOOD ROAD KEY BISCAIYNE FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	vice-president <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PATRICIO DAVY 50 OCEAN LANE DR. #106 KEY BISCAIYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **PATRICIO DAVY, V.P.** **4-10-03** **305-365-9333**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)