2003 FOR PROFIT CORPORATION

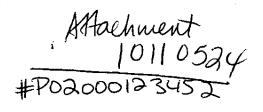
UN		SS RE	POR1				FILE Jul 25, 2003 Secretary 6 07-25-2003 90097 6	8:00 of Sta	te	
Principal Place of Business 516 ARAGON AVE 516 ARAGON AVE CORAL GABLES FL 33134 Mailing Address 516 ARAGON AVE CORAL GABLES FL 33134										
	Place of Business	3. Mailing Address 25/6 ACHANBRA GIRCLE			ı.E	1]			
Z516 ALHAMBNA CINCLE 25/6 ALL Suite, Apt. #, etc. Suite, Apt. #, etc.				40 MM G1100 ==			CHECK HERE IF MAKING CHANGES			
City & Stat	e 646 LE S	City & State CONAL GABLES				4. [FEI Number 05-0562230		oplied For	
Zip 33		Zip 33/		Country		5. (Certificate of Status Desired	\$8.75 Add	ditional	
	6. Name and Address of Current F					7. 1	Name and Address of New Registere			
				Name	_0	S C .4	CAR GONZALEZ			
BUSINESS FILINGS INCORPORATED				Street /			Box Number is Not Acceptable)			
1000 WEST AVENUE										
SUITE 1114 City City					25/6	A	LYAMBRA CIRCLE	-15-2-		
	named entity submits this statement for			City			GABLES F	L Zip Cod	3134	
SIGNATURE F After Se	Signature, typed or printed name of registered agent a ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$750. Repayable to Flortda Department of	00	(NOTE:	Registered Agent signs	ature required	when re	o7// einstating) DATE 9. Election Campaign Financing Trust Fund Contribution.		O May Be	
10,	OFFICERS AND D			11.		AD	L DDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEGENDRE, SOPHIE 516 ARAGON AVE CORAL GABLES FL 33134		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	251	DR 6 /	GONZALEZ ACHAMBRA CIRCLE GABLES, FL, 33134	K Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, OSCAR 516 ARAGON AVE CORAL GABLES FL 33134		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V 50P 251	416	LEGENDRE ALHAMBRA CIRCLE GABLES, FL 33134	Change	Addition	
TITLE NAME STREET ADDRESS			Delete	TITLE NAME STREET ADDRESS	CORR	<i></i>	070002, 71, 33737	Change	Addition	
CITY-ST-ZIP		, , , , , , , , , , , , , , , , , , , ,		-CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Ц	Delete	, TITLE NAME STREET ADDRESS CITY-ST-ZIP				∐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
TITLE			Delete	TITLE	 			☐ Change	Addition	
NAME Street address City-St-Zip	s.			NAME 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 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 TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/15/2003 (305)66 P 60 72

Date Daytime Phone #



July 15th, 2003

Division of Corporations Uniform Business Report Filings PO BOX 1500 Tallahassee, FL, 32302

Who may concern:

We did not receive the first notice for the Uniform Business Report since we changed address and registered agent.

Please receive a check for the original US\$150.00 along with the UBR filled with the correct information.

If you have any questions you can contact me at 305 668 6072.

Thanks,

Oscar Gonzalez President

Punto Inc.

2516 Alhambra Circle Coral Gables, FL, 33134