2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF GIGHING OFFICER OR DIRECTOR

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

DOCUMENT # P02000124857 1. Entity Name VANUS SUPPLIES CORP.								04-14-2003	90101 0	38 ***1	50.00	
Principal Place of Business Mailing Address '3261 NW 18TH ST 3261 NW 18TH ST MIAMI FL 33125 MIAMI FL 33125												
2, Principal I	Place of Busine	3. Mailing Address					A TREATHERN LUD BERNE ALBAY BERNE ERKI 	1 62181 41 937 11.0	A BIBAN ABAN	Billi (EB) (EB)		
Suite, Apt		Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES					
City & Sta	te	City	State		4. FEI Number 33-/03/393 Applied For Not Applied For				<u>,</u>			
Zip	Country		Zip		Country			5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent						Name	7.	Name and Address of New Ro	gistered Ap	ent		┦
CASANUE	VA, LUIS M	production and the second			=	Maile -	-					-
3261 NW	-			Street Address (P.O. Box Number is Not Acceptable)]		
MIAMUFL	33125	•			i						1	
, ,		· 5		•		City			FL	Zip Cod	e	1
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 Skipitature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE												
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FILE NOW!!! FEE IS \$150.00 :After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Election Campaign Fina Trust Fund Contribution		\$5.0 Added	O May Ba I to Fees	
10.		OFFICERS AND		s	11.		Α[DDITIONS/CHANGES TO OFFIC	CERS AND C	IRECTOR	S (N 11	4
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NAME	CASANUEV			N		l l						(€
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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 eccurate 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 empoyered to execute this eport 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.												
SIGNAT	URE: _	CICNATI	U Bas I	TENDIN		<u> </u>		4/9/0	<u> </u>			ı