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

Mailing Address

3440 HOLLYWOOD BLVD STE 360

P02000125370 **DOCUMENT #**

1. Entity Name

Principal Place of Business

3440 HOLLYWOOD BLVD STE 360

EL TREBOL INVESTMENTS, INC.



FILED Feb 17, 2003 8:00 am Secretary of State

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Zip Country	Suite, Apt.	#, etc.		Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES							
S. Verification of Section Control Registered Agent 7. Name and Address of New Registered Agent 7. Name and Registered Agent 7. Name and Address of New Re	City & State)		City & State				4.	. FEI Numb	per Ab	blee	علا	70 /	-	_	
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Addition Additi							Name									į.
## City FL Zip Code ## City FL Zip Co							Street Address (P.O. Box Number is Not Acceptable)									-
B. 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. City FL Zip Code												-				
By The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the deliquitions of registered agent. SIGNATURE SYMMETER STATE OF PRINCE OF PRIN	HOLLYWO	OD FL 330	121													
SIGNATURE Signalum, signate or present name of registered agent. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS. ITTLE NAME VALENZUELA, PATRICIO STREET ADDRESS CITY-S1-2P HOLLYWOOD BLVD STE 360 HOLLYWOO			•				City						F	L	Zip Cod	e
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After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	SIGNATURE .	Signature, typed	or printed name of registered agent	and title if appl	icable. (NOTE	: Registere	d Agent signature	required when	n reinstating)				DATE			
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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 employered 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 employered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE REVOIENTED PATRICOZ/10/2003

954 322 4280