

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

FILED
Jun 16, 2003 8:00 am
Secretary of State

5/

05-05-2003 92206 045 ***150.00

DOCUMENT # P02000125557

1. Entity Name
PABLO CAMELO DESIGNS CORP



Principal Place of Business
**7135 COLLINS AVE #1432
MIAMI BEACH FL 33141**

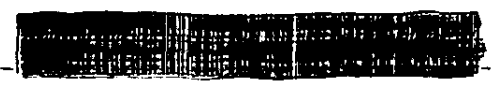
Mailing Address
**7135 COLLINS AVE #1432
MIAMI BEACH FL 33141**

55048606

2. Principal Place of Business
15201 SW 85th Ave.

3. Mailing Address
15201 SW 85th Ave

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
Village of Palmetto Bay FL

City & State
Village of Palmetto Bay FL

Zip
33157 Country
U.S.A

Zip
33157 Country
U.S.A

4. FEI Number
41-2084948

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**CAMELO, PABLO
7135 COLLINS AVE #1432
MIAMI BEACH FL 33141**

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  DATE **April 27/03**

Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)


FEE 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 NAME STREET ADDRESS CITY-ST-ZIP | PD CAMELO, PABLO 7135 COLLINS AVE #1432 MIAMI BEACH FL 33141 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Camelo, Pablo 15201 SW 85th Ave. Village of Palmetto Bay FL 33157. <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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CR2E034 (10/02)

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 lines empowered.

SIGNATURE:  DATE **April 27/03**

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