## 2003 FOR PROFIT CORPORATION

UNII	FORM BUSINES	S REPORT	(UBR)		ß
DOCUMENT # P02000127908  1. Entity Name SANCHEZ' BLACKSMITH, CORP.				O4 JAN 13 PM 12: 37	A
Principal Place of 2320 S.W. 14TH MIAMI FL 33145	ST.	Mailing Address 2320 S.W. 14TH ST. MIAMI FL 33145			
2. Principal Place 1051 1 Suite, Apt. #,	EAST 23PA SILECT	3. Mailing Address 1051 EAST 2 Suite, Apt. #, etc.	13PU STNE	at The Checkhere Making Struces 63	1250 1250
City & State	H, FCOMDA		ONDA	\$8.75 Additional	- - - - - - - - -
3:30	13- MIAMI-DADE	<del> </del>	114MI-D	Certificate of Status Desired     Fee Required     Name and Address of New Registered Agent	_
	6. Name and Address of Current R	egistered Agent	Name		
SANCHEZ, DANIEL					
2320 S.W. 14TH ST. 1051 F-AST 23/LAST NEED					1
MIAMI FL 3	13145 HMEMF, FC	. ¥jU	City	FL Zip Code	1
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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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FI	LE NOW!!! FEE IS \$150.00			9. Election Campaign Financing \$5.00 May Be	
After	May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	State		Trust i una commodent	
10.	OFFICERS AND I		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	$\dashv$
TITLE	PTD	☐ Delete	TITLE	<b>X</b>	1
NAME OTREET ADDRESS	SANCHEZ, DANIEL		NAME STREET ADDRESS	1051 EAST 23 120 STREET	
STREET ADDRESS CITY-ST-ZIP	2320 S.W. 14TH ST. MIAMI FL 33145		CITY-ST-ZIP	HIAPPAH 7-6 33013	_
TITLE	VD	☐ Delete	TITLE NAME	☐ Change ☐ Addition	-
NAME	SAAVEDRA, ANA MARIA	and the second of the second o	STREET ADDRESS	1051 EAST 23M STREET	
STREET ADDRESS CITY-ST-ZIP	2320 S.W. 14TH ST. MIAMI-FL 33145		CITY-ST-ZIP	1051 EAST 2301 STREET HIMEAH, FR 33013	-
TITLE	SD.	☐ Delete	TITLE NAME	Change Addition	"
NAME STREET ADDRESS	BRAVO, JORGE A		STREET ADDRESS	200024855042	-
CITY-ST-ZiP	5421 W. 24 AVENUE #69 HIALEAH FL 33016		_CITY_ST_ZIP	200024855042 	
TITLE		☐ Delete	TITLE NAME	2nrin24855042	""
NAME STREET ADDRESS			STREET ADDRESS	200024855042 01/13/0401093012 **600.00	
CITY-ST-ZIP			CITY-ST-ZIP	☐ Change ☐ Additio	nn
TITLE		☐ Delete	TITLE NAME	L Onlings L Floring	
NAME STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP	☐ Change ☐ Additio	on
TITLE		☐ Delete	TITLE NAME	C change C Addition	
NAME STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP	and in Section 119 07(3)(i) Florida Statutes. I further certify that the information	

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: X