2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (VBR)

DOCUMENT # 1. Entity Name

SIGNATURE:

P02000132254

SIGNATURE REQUIRE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PARQUEMOTRIZ, INC

Principal Place of Business 601 BRICKELL KEY DR., SUITE 802

Mailing Address

601 BRICKELL KEY DR., SUITE 802

FILED May 02, 2003 8:00 amg Secretary of State

05-02-2003 90120 031 ***150.00

MIAMI FL 3313	31	MIAMI FL 33131	-			
(2. Brincipal Place of Business Very Drive COOL Drive Very Drive						
Suite, for #, etc.					CHECK HERE IF MAKING CHANGES	
Htyle Stat	mit	CHICAM, 7	-(4. FEI Number - 1574 05 Applied For Not Applicable	
331	3) (country (A)	33131	CUIPH		5. Certificate of Status Desired Service Servi	
	6. Name and Address of Current R	egistered Agent			7. Name and Address of New Registered Agent	
				Name .		
VAZQUEZ, GERARDO A				Street Address (P.O. Box Number is Not Acceptable)		
601 BRICKELL KEY DR., SUITE 802						
MIAMI FL 33131						
			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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling). DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be						
	Reyable to Florida Department of	State			Trust Fund Contribution. Added to Fees	
10.	OFFICERS AND D	RECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	601 BRICKELL KEY DR., SUITE 802 MIAMI FL 33131	?	STREET ADDRESS CITY-ST-ZIP	(60)	Briefell Year Time, Jr. 200	
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NAME			NAME			
STREET ADDRESS : CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
	entify that the information supplied with the	nis filing does not qualify for the		d in Soct	tion 110 07/3Vi) Elorida Statutos 1 further cartiful that the information	
12. Thereby 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 suppliemental 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 comparison						
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.						