

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91845 049 ***150.00

DOCUMENT # P02000135223	
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1. Entity Name D'OLG INC.	Principal Place of Business 15552 SOUTH WEST 72 STREET MIAMI, FL 33193 US	Mailing Address 15552 SOUTH WEST 72 STREET MIAMI, FL 33193 US
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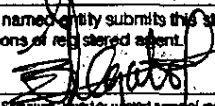
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 54-2089863	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEL REGATO, GUILLERMO E MR 15552 SW 72 ST MIAMI, FL 33193	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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:  Guillermo E. del Regato DATE: 4/25/03

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DEL REGATO, GUILLERMO E MR	NAME	
STREET ADDRESS	5911 SW 156 COURT	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33193	CITY-ST-ZIP	
TITLE	V ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DEL REGATO, OLGA M MRS	NAME	
STREET ADDRESS	5911 SW 156 COURT	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33193	CITY-ST-ZIP	
TITLE	T ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DEL REGATO, GUILLERMO E MR	NAME	
STREET ADDRESS	5911 SW 156 COURT	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33193	CITY-ST-ZIP	
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DEL REGATO, OLGA M MRS	NAME	
STREET ADDRESS	5911 SW 156 COURT	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33193	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 those empowered.

SIGNATURE:  Guillermo E. del Regato DATE: 4/25/03 305-388-9505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)