FOR PROFIT CORPORATION LINIFORM BUSINESS REPORT (LIBR)

FILED
Apr 26, 2004 08:00 AM
Secretary of State

CORAL GABLES, FL Zip Zip Zip Zip Zip Zin Zip Zin	DOCUMENT # P03000068537 1. Entity Name					Secretary of State	
2. Principal Place of Business 4945 RIVIERA DRIVE Suite, Apt. #, etc. City & State CORAL GABLES, FL CORAL GABLES, FL COUNTY COU	SYBER SERVICES II	NC.					
4945 RIVIERA DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State CORAL GABLES, FL Zip Zip 33146 Country Zip 33146 Country Zip Country Zip Country Zip Country Zip Suite, Apt. #, etc. CORAL GABLES, FL CORAL GABLES, FL Zip Country Zip Suite, Apt. #, etc. CORAL GABLES, FL COUNTRY Zip Suite, Apt. #, etc. CORAL GABLES, FL COUNTRY Zip Suite, Apt. #, etc. CORAL GABLES, FL COUNTRY Zip Suite, Apt. #, etc. CORAL GABLES, FL Zip Country Summa and Address of Current Registered Ager Name Name Name Name Summa Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) 4945 RIVIERA DRIVE City CORAL GABLES CITY ST. Zip Coral Gables Tust Fund Contribution. January 1 - May 1 Fee is \$150.00 Amended UBR is \$61,25 Make Check Pavable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST.ZIP CORAL GABLES, FL 33146	DO N	OT WRITE		PACE		•	
Suite, Apt. #, etc. City & State City & State CORAL GABLES, FL CORAL GABLES, FL COUNTY COUNT			3. Mailing Address				·
CORAL GABLES, FL Zip Zip Sattle Country Zip Sattle Country Zip Sattle Status Desired Sattle Sattle Sattle Status Desired Sattle Sattle Sattle Signatific byped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature regulred when reinstating) After May 1, Fee is \$550,00 After May 1, Fee is \$550,00 Amended UBR is \$61,25 Make Check Pavable to Florida Department of State 10. OFFICERS AND DIRECTORS STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL Signatific byped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature regulred when reinstating) DATE 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL Signatific byped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature regulred when reinstating) DATE 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33146 CITY-ST-ZIP CORAL GABLES, FL 33146 CITY-ST-ZIP CORAL GABLES, FL 33146 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33146 CITY-ST-ZIP CORAL GABLE						DO NOT WRITE IN THIS SPACE	
33146 33146 5. Certificate of Status Desired Fee Req Fee Fee Tee Address Fee Req Fee Req Fee Fee Tee Req Fee Address Fee Req	CORAL GABLES, FL	,	CORAL GABLES, FL		-		Applied For Not Applicable
DO NOT WRITE IN THIS SPACE Name JAIME FAJARDO Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. B	1 '	Country	· •	Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
IN THIS SPACE IN THIS SPACE City CORAL GABLES City CORAL GABLES City CORAL GABLES City CORAL GABLES FL Zip Coc 3314 Coral Gables Signator, typed or printed name of registered agent, or both, ir State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE JAIME FAJARDO Signator, typed or printed name of registered agent and title if explicable. (NOTE: Registered Agent signature required when reinstating) After May 1, Fee is \$150.00 After May 1, Fee is \$550.00 After May 1, Fee is \$550.0		O NOT W	RITE	Na JAIME	me E FAJAR	DO	gistered Agent
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, ir State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Si	1	man del de	CT TT THE REPORT OF THE PARTY OF THE PARTY OF THE PARTY.	4945	RIVIERA	ORIVE	Acceptable)
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE JAIME FAJARDO Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Anter May 1, Fee is \$550.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE						<u> </u>	Zip Code
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33146 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33146 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33146 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33146 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33146 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33146 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33146 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33146 CITY-ST-ZIP DO NOT WRITE	8. The above named State of Florida.	entity submits this	statement for the purp	ose of chang	ina its re	edistered office or registered an	- 1 33140
After May 1, Fee is \$550.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE	SIGNATURE	June fr	JAIME F	AJARDO			2/11/2004
10.	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61,25			applicable. (110	9. Election Campaign Financing \$5.00 May B		\$5.00 May Be Added to Fees
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TOTALE NAME STREET ADDRESS CITY-ST-ZIP TOTALE NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE	10.	OFFICERS AL	ND DIRECTORS	11.	Ł		
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NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE	NAME STREET ADDRESS CITY-ST-ZIP	CARMEN FAJARDO 4945 RIVIERA DRIV	VE	NAME STREET A CITY-ST-Z			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET A CITY-ST-Z	iP	The second secon	and the second s

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 on an attachment with an address, with all other like empowered.

JAIME FAJARDO

JAIME FAJARDO

JAIME FAJARDO

JAIME FAJARDO

JAIME FAJARDO

305-661-3092

Daytime Phone #