FOR PROFIT CORPORATION Uniform Business Report-(UBR)

DOCUMENT # P0300009904

VAZQUEZ AC, INC.

2. Principal Place of Business

Suite, Apt. #, etc.

MIAMI, FL

City & State

Zip 33193

SIGNATURE

TITLE

NAME

TITLE

TITLE

TITLE NAME

NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP TITLE

CITY-ST-ZIP TITLE

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-21P

CITY-ST-ZIP

CITY-ST-ZIP

7362 S.W. 162 PLACE

Country

9. This corporation is eligible to satisfy its Intangible

VAZQUEZ, JORGE A. 7362 S.W. 162 PL.

MIAMI, FL. 33193

Tax filing requirement and elects to do so.

(See criteria on back) -...

1. Entity Name

FILED Jun 03, 2004 8:00 am **Secretary of State** 05-05-2004 90241 010 ***150.00 66426050 DO NOT WRITE IN THIS SPACE 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number 65-1206957 Not Applicable \$8.75 Additional Zia Country 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent --Name JORGE A. VAZQUEZ DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable 7362 S.W. 162 PLACE IN THIS SPACE Zip Code 33193 MIAMI 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 January II; May 15 Fee is \$150 00 After May 15 Fee is \$550 00 Amended UBR is \$6125 s Make Check Payable to Department of St \$5.00 May Be 10. Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS NAME. STREET ADDRESS CITY-ST: ZIP mile NAME -STREET ADDRESS CHY-ST-ZP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TILE. IN THIS SPACE NAME.

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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 11 or on an attachment with an address, with all otiger like empowered.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TULE NAME

TITLE NAME

SIGNATURE: Ha	JORGE A. VAZQUEZ PRESIDENT	4/29/04	305-266-0575
SIGNATURE AND TYPED OR PRINTED NAME OF SI	IGNING OFFICER OR DIRECTOR	Date	Davirrie Prione 8