2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P04013

Entity Name: ALMYRA COMPANY N.V., INC

FILED Apr 25, 2003 Secretary of State

•		,			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
11211 PR	EL GUZMAN, OSPERITY FA H GARDENS,	RMS RD, #102			
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
2 S BISCA	YNE BLVD				
3400 MIAMI, FL	33131 US				
	: 59-2471378	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of (Current Registered Agent:	Name and Address	of New Registered Agent:	
2 S. BISCA STE.3400	FAULI CORPC AYNE BLVD. 33131 US	RATE SERVICES INC.			
	e named entity e of Florida.	submits this statement for the p	urpose of changing its register	ed office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	DE ARMAS, O	, 11211 PROSPERITY FARMS RD,10	Title: Name: 2 Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MIRANDA, MAI	EL PALMAR, APARTADO 1518-1000	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MIRANDA, CAR	EL PALMAR, APTDO. 1518-1000	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MIRANDA, JOF) Delete RGE RODOL, FO EL PALMAR, APTDO. 1518-1000)	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	AS () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: OSVALDO DE ARMAS VP 04/25/2003

VALDES-FAULÍ, RAUL E, .

2 S BISCAYNE BLVD

MIAMI, FL

Name:

Address:

City-St-Zip: