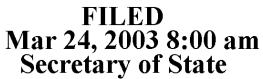
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P93000050724



1. Entity Na		DRP.		03-24-2003 90243 029 ***150.00
Principal Place of Business 6135 NW 167TH ST STE E6 MIAMI FL 33015 US 2. Principal Place of Business		Mailing Address 6135 NW 167TH ST STE E6 MIAMI FL 33015 US 3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 65-0424075 Applied Fo
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
··-	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
€0ICUED	OCCAD		Name	The second secon
SOICHER 6135 N.W	, OSCAR 7. 167TH STREET		Street Addres	ss (P.O. Box Number is Not Acceptable)
UNIT E-6			· · · · · · · · · · · · · · · · · · ·	
MIAMI FL	33015		City	Zip Code
8. The above the obligat	e named entity submits this statement fo tions of registered agent.	r the purpose of changing its	 s registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and acc
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable (NOT	E: Registered Agent signature requ	
Aftei	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of			DATE D
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME Street adoress City-St-Zip	PSTD OLIVEIRA, ANDRE P 6135 NW 167TH ST., STE E-6 MIAMI FL 33015	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET AÖDRESS	و دست سيند تشريسينيد المحمد الدار	Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addi
CITY-ST-ZIP TITLE			CITY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP		· LJ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addi
ITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addi
ITLE HAME STREET ADDRESS DITY-ST-ZIP		Qelete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addit
of the corp	ertify that the information supplied with to on this report or supplemental report is to coration or the receiver of trustee empower or on an attachment with an address with	vered to execute this report	the exemption stated in S by signature shall have the as required by Chapter 60	Section 119.07(3)(i), Florida Statutes. I further certify that the information a same legal effect as if made under oath; that I am an officer or directo 07, Florida Statutes; and that my name appears in Block 10 or Block 11

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #