2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P93000063758 **DOCUMENT #**



FILED Mar 17, 2003 8:00 am Secretary of State

Suite, Apt. #, etc. City & State City & State City & State City & State Country Country 5. Certificate of Status Desired \$8,75 Additiona Fee Required \$1,7 Name and Address of New Registered Agent \$1,7 Name and Address of New Registered A	03-17-2003 91075 039 ***150.00			
Suite, Apt. #, etc. City & State City & State City & State City & State Country Country 5. Certificate of Status Desired \$8,75 Additiona Fee Required \$1,7 Name and Address of New Registered Agent \$1,7 Name and Address of New Registered A	CHECK HERE IF MAKING CHANGES			
City & State A, FEI Number 65-0439547 Applied Not App Not Ap				
City & State City & State City & State Country S. Certificate of Status Desired S8.75 Additiona Fee Required Fee Required Fee Required T. Name and Address of New Registered Agent RODRIGUEZ, FELX S 2777 NW 32 AVE MIAMI FL 33142 City City FL Zip Code City FL Zip Code City FL Zip Code Tust Fund Contribution. Change File Now!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State PTD GOMEZ, SILVIO M JR STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS MAMME STREET ADDRESS MAMMI FL SD Delete MIAMI FL Change DA Cha				
Signature, typed or physic name of registered agent and title if applicable. File NoVIII FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State Title PTD GOMEZ, SILVIO M JR 38.75 Additiona Fee Required 7. Name and Address of New Registered Agent 8. Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and at the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State PTD GOMEZ, SILVIO M JR 370 SW 16TH TER MAME STREET ADDRESS MAMI FL TITLE SD Pelete TITLE MAME STREET ADDRESS STREET ADDRESS MAMI FL TITLE MAME STREET ADDRESS STREET ADDRESS MAMI FL TITLE MAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS MAMI FL TITLE SD Pelete TITLE THE SD				
RODRIGUEZ, FELIX S 2777 NW 32 AVE MIAMI FL 33142 City FL 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 arthe obligations of registered agent. SIGNATURE Signature, hybed or piglistered agent and little If applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INTILE NAME 10. STREET ADDRESS CITY-ST-ZIP MIAMI FL TITLE SD Delete Change A Change				
RODRIGUEZ, FELIX S 2777 NW 32 AVE MIAMI FL 33142 City City FL 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 at the obligations of registered agent. SIGNATURE Signature, typed or prised name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003, Fee will be \$550.00 Make Check Payable to Florida Department of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 GOMEZ, SILVIO M JR 3370 SW 16TH TER GOMEZ, SILVIO M JR 3370 SW 16TH TER MIAMI FL TITLE Delete GOMEZ, SILVIO M JR 3370 SW 16TH TER MIAMI FL TITLE Delete SD Delete TITLE Delete SIREET ADDRESS CITY-SI-ZIP TITLE SD Delete TITLE Delete Delete STREET ADDRESS CITY-SI-ZIP TITLE Delete Delete SD Delete				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and as the obligations of registered agent. SIGNATURE Signature, typed or private name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) PILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PTD GOMEZ, SILVIO M JR 3370 SW 16TH TER MIAMI FL TITLE SD Delete TITLE Change A Change Cha	² O. Box Number is Not Acceptable)			
TITLE SIGNATURE Signature, typed or protect name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) PATE (NOTE: Registered Agent signature required wh				
TITLE SD OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE SD OFFICERS AND DIRECTORS IN 1	— ay Be			
PTD OLIVE OFFICERS AND DIRECTORS IN THE CHANGE OF THE CHANGE				
	1 Addition			
NAME GOMEZ, ANALORENA NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33142 CITY-ST-ZIP	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE TITLE Change A Change Change A Change Ch	Addition			
TITLE Delete TITLE Change ANDRESS CITY-ST-ZIP	Addition			
TITLE Delete TITLE Change AND	Addition			
TITLE NAME STREET ADDRESS 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes.	Addition			

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 like empowered.

SIGNATURE:

(305) 637-9171