2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #**

1. Entity Name

P94000003642



01_17_2003_90054_039_***158_75

FILED

Jan 17, 2003 8:00 am Secretary of State

ESPIRI	TU SANTO USA, INC.			01-17-2003 90034 039 136.73
Principal Place of Business 250 BRADLEY PLACE SUITE 702 PALM BEACH FL 33480 Mailing Address P. O. BOX 56613 HOUSTON TX 77256			W WE I	60007962
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		4. FEI Number NOT APPLICABLE Applied For
Zip	Country	Zip	Country	NOT APPLICABLE Not Applicat
	6. Name and Address of Curren	It Begistered Asset		5. Certificate of Status Desired \$8.75 Additional Fee Required
	and the same of th			7. Name and Address of New Registered Agent
LAW FIF	RM OF LAWRENCE J.SPIEGEL CHA	RTERED	Name	
343 ALMERIA AVENUE CORAL GABLES FL 33134			Street Addr	ess (P.O. Box Number is Not Acceptable)
CORAL	CADLES PL 33134			
8. The above	Ve named entity submits this state and f		City	FL Zip Code
the obliga	ations of registered agent.	or the purpose of changing its	s registered office or reg	Zip Code gistered agent, or both, in the State of Florida. I am familiar with, and accep
SIGNATURE	ī <u></u>			
<u> </u>	Signature, typed or printed name of registered agent	and title if applicable. (NOT	TE: Registered Agent signature red	quired when reinstating) DATE
Make Chec	FILE NOW!!! FEE IS \$150.00 er May 1, 2003 Fee will be \$550.00 ck Payable to Florida Department o			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	
NAME STREET ADDRESS CITY-ST-ZIP	PALM BEACH FL 33480	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LLEWELLYN, DEBRA 250 13RADLEY PLACE 702 PALM BEACH FL 33480	☐ Delete	TITLE SNAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME - STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS		☐ Delete	CITY-ST-ZIP TITLE NAME	☐ Change ☐ Addition
CITY-ST-ZIP	erific that the inf		STREET ADDRESS CITY-ST-ZIP	

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

SIGNATURE:

> DOWNY DE REQUIRED SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2H-6603266