FILED Jul 28, 2003 8:00 am Secretary of State

07-28-2003 90142 023 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

| 1. Entity Nam | MENT # P94000 | | RATION | 07-28-2003 90 | 1142 023 ***150.00 |
|--|--|--|---|--|-----------------------------------|
| | DO NOT WRIT | E IN THIS | | 901476 | 28 |
| 2. Principal Place of Business 13206 NW 8 Lane Suite. Apt. #, etc. | | 3. Mailing Address 13206 NW 8 Lane Suite, Apt. #. etc. | | DO NOT WRITE IN THIS SPACE | |
| City & State Miami, Florida | | City & State Miami, Florida | | 4. FEI Number 65-0489476 | Applied For Not Applicable |
| 33182 | Country USA | ^{Zip} 33182 | Country USA | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| Name Flores | | | | 7. Name and Address of Current Registered Agent , Jose | |
| | DO NOT \ | Action and Charles and Control of the Control of th | Street Address (| P.O. Box Number is Not Acceptable) | |
| | IN THIS S | | 13206 NW | | Tip Code |
| 8. The above | named entity submits this statemen | nt for the Durpose of Chang | City Miami | | FL Zip Code 33182 |
| 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. SIGNATURE Septimer, typed or princet name or registered agent and title if applicable. INOTE: Registered Agent signature required when reinstating) DATE | | | | | |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) January 1 - May 1, Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Trust Fund Contribution. Make Check Payable to Department of State | | | | | |
| 11. | | ND DIRECTORS | 10TE 1 (1) (1) (1) (1) | | <u> </u> |
| NAME STREET ADORESS CHTY-ST-ZIP | Flores, Jose 13206 NW 8 Lane Miami, FL 33182 | | NAME. STREET ADDRESS CHYSTLIP | | (1201) |
| TITLE NAME STREET ADDRESS | | | TITLE NAME STREET ADDRESS | | CR2E034B |
| CITY-ST-ZIP TITLE | . • | | CITY-ST-ZIP | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | سندان و المناسب | NAME STREET ADDRESS CITY ST-7/P | DO NOT W | RITE |
| TITLE NAME STREET ADDRESS | | | TITLE. NAME. STREEFADDRESS | IN THIS SP | ACE |
| CITY-ST-XIP TITLE NAME | | | CITY-ST/ZIP TITLE NAME | | |
| STREET ADDRESS CITY - ST- ZIP | | | STREET-ADDRESS CITY-SY-ZP | | |
| TITLE NAME STREET AODRESS CITY:ST-ZIP | | | TITLE. NAME STREET ADDRESS CITY: ST-ZIP | | |
| 13. 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 accidente 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 other like simpowered. | | | | | |
| SIGNATURE: JOSE F LORES 7/23/03 (305)2667776 David Ture And Typed or Printed Name of Signal No or Printed Name of Signal N | | | | | |

Attachmen+#
90147628

Miami, July 23rd 2003

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re: Jose Flores Enterprises Corporation

Doc Number P94000035694

Dear Sir or Madam:

Please find enclosed an UBR with our new address.

We did not receive the 2002 Uniform Business Report. We think it was sent to a different location.

We are enclosing a check for \$150.00.

We want to ask you for your consideration and waive the penalty for sending you this form after April 30th 2003.

-Your consideration will be greatly appreciated.

Sincerely,

Jose Flores President

13206 NW 8th Lane Miami, FL 33182