2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

SIGNATURE:

P94000086342

1. Entity Name

CORREAWEST CORP.



FILED Feb 12, 2003 8:00 am Secretary of State 02-12-2003 90113 020 ***150.00

Principal Place of 100 SE 2ND ST STE 2800 MIAMI FE 39191 US 2. Principal Place of 100 Suite, Apt. #,	ce of Business & Ave	Mailing Address 100 9E 2ND STREET 9TE 2800 MMAMI FL 33191 US 3. Mailing Address Suite, Apt. #, etc.	2 med Ave.	CHECK HERE IF MAKING CHANGES
City & State	F.	City & State	FL.	4. FEI Number 65-0537042 Applied For Not Applicable
Zip 33 []	Country - USA -	Zip 33131	Country US-A	5. Certificate of Status Desired
<u>, , , , , , , , , , , , , , , , , , , </u>	6. Name and Address of Current R	legistered Agent	Name	7. Name and Address of New Registered Agent
1 00 SE 2N STE 2800 - MTAMI FE	• 33131	U dopprign its	Street Addres	ss (P.O. Box Number is Not Arceptage) FL Zip Code 3 istered agent, or both, in the State of Florida. I am familiar with, and accept
the obligation	E NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	nd title if applicable. (NOT	Teven Sch	ultz
10.	OFFICERS AND			Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD SCHULTZ, STEVEN A 199 SOUTH EAST 2ND STREET MIAMI FL 33131	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	25 S.E., 2 and Ave Sinte 1135 Miami, Fz. 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BALBI, FIORELLA 2985 WENTWORTH FT. LAUDERDALE FL 33332	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS	FI. ENOBERMENT & GOODS.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5'	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 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 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 appowered.				