

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90919 032 ***150.00

DOCUMENT # **P95000039360**



1. Entity Name
A HEAD ABOVE CORP.

Principal Place of Business
**A HEAD ABOVE CORP
5122 PEMBROKE RD
HOLLYWOOD FL 33023**

Mailing Address
**MRS. L. ALONSO
2091 ARCADIA DR
MIRAMAR FL 33023**



2. Principal Place of Business
1421 South 66th Ave.
Suite, Apt. #, etc.

3. Mailing Address
1421 South 66th Ave.
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Hollywood, FL
Zip
33023
Country

City & State
Hollywood, FL
Zip
33023
Country

4. FEI Number
65-0581980

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ALONSO, MIGUEL
2091 ARCADIA DRIVE
MIRAMAR FL 33023**

7. Name and Address of New Registered Agent

Name
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 office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (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

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALONSO, LOUISE 2091 ARCADIA DRIVE MIRAMAR FL 33023	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: ALONSO April 11, 2003 954-963-6300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)