2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT

DOCUMENT #(

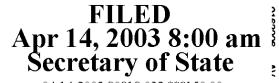
1. Entity Name

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 66 AVE.	3. Mailing Address	ldo AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	. City & State	•



04-14-2003 90919 032 ***150.00



CHECK HERE IF MAKING CHANGES

City & Stat	mop'	ec.	City & State	١		4. FI	65-0581980	ber 65-0581980		Applied For Not Applicable	
3-302 Zip	ر حی	Country	33023	Country		5. C	ertificate of Status Desired		8.75 Add ee Required		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
ALONSO, MIGUEL 2091 ARCADIA DRIVE			Name Street Address (P.O. Box Number is Not Acceptable)								
r											
MIRAMAR FL 33023											
<u></u>				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.											
	Signature, typed	or printed name of registered agent an	d title if applicable. (NOTE	: Registere	d Agent signature red	quired when rein	nstating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					1	9. Election Campaign Fin Trust Fund Contribution			May Be to Fees		
10.		OFFICERS AND D	DIRECTORS	11.		ADD	DITIONS/CHANGES TO OFF	ICERS AND	DIRECTORS	IN 11	
TITLE NAME STREET ADDRESS	VP ALONSO, I 2091 ARCA	adia drive	☐ Delete	TITLI NAM STRE	I				☐ Change	☐ Addition	
CITY-ST-ZIP	MIRAMAR	FL 33023		CITY	-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete		I				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-SI-ZIP			□ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		☐ Delete		I .				☐ Change	Addition	

12. I hereby certify that the information supplied with this filling 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.

