FOR PROFIT CORPORATION

FII FD UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** 02 SEP -9 PM 12: 37 1. Entity Name SECRETARY OF STATE TALLAHASSEE. FLORIDA DO NOT WRITE IN THIS SPACE 700007674867--5 -09/12/02--01008--002 2. Principal Place of Business 3. Mailing Address 323 70 Tulane 1304 Sheeler Ave DR DO表表来表示了DINDFIS S表表表来来了DIDD Suite, Apt. #, etc. *Tamonte* City & State 4. FEI Number Applied For Lorida 59-33 18444 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired <u> Wrange</u> 32 70 B Orange 7. Name and Address of Current Registered Agent 48 347 DO NOT WRITE Street Address (P.O. Box Number is Not TUlane IN THIS SPACE 8. The above named entity supmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After May 1, Fee is \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Amended UBR is \$61.25> Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS CR2E034B (12/01) TITLE NAME Santana Kelvin STREET ADDRESS 323 Tulane Unive STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Santana, Prebisterio NAME 323 Tulane Drive Altomonte Springs STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE President TITLE Agustin Aragones 323 Tulane W. NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP Altomonto Springs FL 32714 CITY-ST-ZIP-TITLE IN THIS SPACE Ana D. Rodriguez 2908 Bermuda South NAME NAME STREET ADDRESS STREET ADDRESS ApopKa, FL. 32703 CITY-ST-ZIP CITY-ST-ZIP TITLE EUNICE Santana Cruz 323 Tulane D. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Altamonte Springs FL TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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 11 or on an attachment with an address

SIGNATURE:

Daytime Phone #