2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Suite, Apt. #, etc. Suite 31 City & State Miami, Florida Zip 33166 Country Suite, Apt. #, etc. Suite 31 City & State Miami, Florida Zip 33166 Country Signature, Linds and Address of Current Registered Agent Street Agent Agent Agent, or both, in the State of Florida. I am familiar when reinslating) Signature Linds Rodriguez Street Agent, or both, in the State of Florida. I am familiar when reinslating) Signature Linds Rodriguez Street Agent Agent, or both, in the State of Florida. I am familiar when reinslating) 9. Election Campaign Financing \$3160 Suite, Apt. #, etc. Suite 31 City Miami FL Zip 33 City Miami FL Zip 33 After May 1 2003 Fee will be \$550.00 Suite, Apt. #, etc. Suite 31 City Miami After May 1 2003 Fee will be \$550.00 Suite, Apt. #, etc. Suite 31 City Miami A / 11/03 See will be \$550.00 Suite, Apt. #, etc. Suite 31 City Miami A / 11/03 Signature required when reinslating) 9. Election Campaign Financing	3.75 S Applied For Not Applicable
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33166 6. Name and Address of Current Registered Agent RODRIGUEZ, MARCOS A 16200 SW 144 AVE MIAMI FL 33177 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State PS RODRIGUEZ, MARCOS A 16200 SW 144 AVE MIAMI FL 33177 ROTRIGUEZ, MARCOS A 16200 SW 144 AVE MIAMI FL 33177 ROTRIGUEZ, MARCOS A 16200 SW 144 AVE MIAMI FL 33177 ROTRIGUEZ, MARCOS A 16200 SW 144 AVE MIAMI FL 33177 ROTRIGUEZ, MARCOS A 16200 SW 144 AVE MIAMI FL 33177 ROTRIGUEZ, MARCOS SW 144 AVE MIAMI FL 33177 RO	
RODRIGUEZ, MARCOS A 16200 SW 144 AVE MIAMI FL 33177 Suite 31 City Miami Signature (pod or profeed name of registered agent) at the 1 application of registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE MAME RODRIGUEZ, MARCOS A STREET ADDRESS CITY-ST-ZIP MIAMI FL 33177 Street Address (P.O. Box Number is Not Acceptable) Stre	
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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: