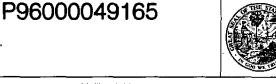
FILED Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90230 041 ***158.75

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT #

1. Entity Name IAMA ENTERPRISES, INC.



Principal Place of Business 28550 SW 142ND AVE HOMESTEAD FL 33033

Mailing Address 28550 SW 142ND AVE HOMESTEAD FL 33033

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<u> </u>	
City & State	City & State		

Zip

600000000



☐ CHECK HERE IF MAKING CHANGES

NOT APPLICABLE

6. Name and Address of Current Registered Agent RIVERA-PENA, ISIS A

Name

5. Certificate of Status Desired

4. FEI Number

\$8.75 Additional Fee Required

Applied For

Not Applicable

7. Name and Address of New Registered Agent

28550 SW 142ND AVE HOMESTEAD FL 33033

Country

Street Address (P.O. Box Number is Not Acceptable)

City

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.

Country

SIGNATURE

Zip

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

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	11.	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TI		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delete RIVERA RENA, ISIS A 28550 SW 142ND AVE HOMESTEAD FL 33033	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delete RIVERA-PENA, MIGUEL A 28550 SW 142ND AVE HOMESTEAD FL 33033	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 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

SIGNATURE: 5