

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90511 036 ***150.00

DOCUMENT # P96000051710



1. Entity Name
EXPECTRUM, CORP.

Principal Place of Business
**1112 WESTON RD # 170
WESTON FL 33326**

Mailing Address
**1112 WESTON RD #170
WESTON FL 33326
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0688216**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GONZALEZ, DUNNIA
10302 N.W. SOUTH RIVER DR.
BAY 18
MEDLEY FL 33178**

Name **GONZALEZ DUNNIA**

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

1112 WESTON RD Apt 170

City **WESTON**

FL

Zip Code **33326**

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 and title if applicable.

(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	D <input type="checkbox"/> Delete
NAME	GONZALEZ, DUNNIA
STREET ADDRESS	1112 WESTON RD #170
CITY-ST-ZIP	WESTON FL 33326
TITLE	DP <input type="checkbox"/> Delete
NAME	ALBERTO MEJIA
STREET ADDRESS	1112 WESTON RD #170
CITY-ST-ZIP	WESTON FL 33326
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-03 (786)853-7775

Date

Daytime Phone #

CR2E034 (10/02)