


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-24-2003 90218 047 ***150.00

DOCUMENT # P96000075545		
1. Entity Name MIAMI CARPENTER INC.		
Principal Place of Business 14352 SW 90TH ST. MIAMI FL 33186		Mailing Address P O BOX 770235 MIAMI FL 33177



2. Principal Place of Business 16150 SW 143 LANE Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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☐ CHECK HERE IF MAKING CHANGES

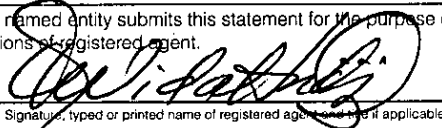
City & State MIAMI FL	City & State
Zip 33196	Country DADE

4. FEI Number 65-0700909	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VIDAL-HERNANDEZ, DULCE M 16150 SW 143 LANE MIAMI FL 33196

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 (and title if applicable). (NOTE: Registered Agent signature required when reinstating) DATE: 3/20/03
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP AZOCAR, DULCE M 14352 SW 90TH ST. MIAMI FL 33186 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT VIDAL, REDENTA G 14352 SW 90TH ST. MIAMI FL 33186 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV VIDAL-HERNANDEZ, DULCE M 16150 SW 143 LANE MIAMI FL 33196 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HERNANDEZ, JUAN M JR 16150 SW 143 LANE MIAMI FL 33196 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VIDAL, IDO B 14352 SW 90 ST MIAMI FL 33186 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DIRECTOR Idalmis M. Vidal 14352 SW 90 STREET MIAMI FL 33186	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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.
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SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: 3/20/03 (305) 382-9311	Daytime Phone #
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CR2E034 (10/02)