


AMENDED

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

FILED

<b>DOCUMENT #</b> P96000075616	
<b>1. Entity Name</b> ERIGE ENTERPRISES CORP.	

03 NOV 19 PM 12:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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<b>2. Principal Place of Business</b> 2121 Ponce de Leon Blvd. Suite, Apt. #, etc. Suite 330 City & State Coral Gables, FL Zip 33134 Country U.S.	<b>3. Mailing Address</b> 2121 Ponce de Leon Blvd. Suite, Apt. #, etc. Suite 330 City & State Coral Gables, FL Zip 33134 Country U.S.
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400021855934  
11/19/03--01041--013 \*\*\$61.25

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<b>DO NOT WRITE IN THIS SPACE</b>	<b>4. FEI Number</b> 65-1010320		Applied For <input type="checkbox"/> Not Applicable
	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
	<b>7. Name and Address of Current Registered Agent</b>		
	Name Lisette Ortiz Street Address (P.O. Box Number is Not Acceptable) 2121 Ponce de Leon Blvd. Suite 330 City Coral Gables FL Zip Code 33145		

**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.**

<b>SIGNATURE</b> Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)	<b>DATE</b>
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

10. OFFICERS AND DIRECTORS			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PD ORTIZ, MICHAEL 2121 Ponce de Leon Blvd.#330 Coral Gables, FL 33134	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VPST ORTIZ, LISSETTE 2121 Ponce de Leon Bd. #330 Coral Gables, FL 33134	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.**

<b>SIGNATURE:</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<b>Date</b> Michael Ortiz President 11/11/2003 305436 5270	<b>Daytime Phone #</b>
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CR2E034B (12/02)