

2004.

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

FILED
May 17, 2004 8:00 am
Secretary of State

04-27-2004 90065 006 ***150.00

DOCUMENT # P96000076775
 1. Entity Name
TAMIAMI AGENCY INTERNATIONAL DOCUMENT CENTER

DO NOT WRITE IN THIS SPACE

66422067

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 701 S.W. 27th Ave Suite, Apt. #, etc. Suite # 4 City & State Miami Florida 33135 Zip Country usa		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		4. FEI Number 65 0707079 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required			

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
 Name EDGAR AMAYA
 Street Address (P.O. Box Number is Not Acceptable) 701 SW 27 AVE
 City MIA FL Zip Code 33135

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.
 SIGNATURE: [Signature] DATE: 05-11-04
Signature, if not certified name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)
 January 1 - May 1, Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDGAR AMAYA 701 S.W. 27th Ave # 4 Miami Florida 33135	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARLENE CORTES 701 S.W. 27th Ave # 4 Miami Florida 33135	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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13. 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 supplementary 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 11 or on an attachment with an address, with all other like empowered.
 SIGNATURE: [Signature] Date: 04/2004 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR