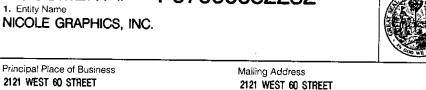
FILED Mar 03, 2003 8:00 am § Secretary of State

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P97000052282 **DOCUMENT #**



Principal Pla 2121 WEST HIALEAH FL		Mailing Address 2121 WEST 60 STREET HIALEAH FL 33016					1 (13)(16) (16 (3)(1 (38)) 38() 48()	1 11 111 11 111	#181 0 12020 1100		
2. Principal	Place of Business	3. Mai	3. Mailing Address								
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & Sta	ite	City & State				4.	4. FEI Number 65-0759803 Applied For Not Applicable				
Zip	Zip Country				Country		5.	. Certificate of Status Desired		\$8.75 Ad	lditional
	6. Name and	Address of Current	Registere	d Agent			=- <u>`</u> 7'	Name and Address of New Re	aloto-od:		
						Name		SHOWN SHO MUDIESS OF WEAR ME	gistered /	vgent	
RODRIGUEZ, JORGE 2121 WEST 60 STREET						Street Address (P.O. Box Number is Not Acceptable)					
							, ,				
*HIALEAH	FL 33016										
·					ļ	City			FL	Zip Cod	
8. The above the obliga	e named entity subrations of registered a	mits this statement fo agent.	or the purpo	ose of changing its	registere	d office or re	egistered a	agent, or both, in the State of Flori	da. I am f	amiliar with,	and accept
SIGNATURE	Signature, typed or printe	od name of registered agent	and title if annii	cable (NOTE	. Oa siistaaa a	A					
· · · · · · · · · · · · · · · · · · ·	······································		ало пае и аррп	cable. (NOTE	: Hegistered	Agent signature	required when	reinstating)	DATE		
	ILE NOW!!! FE		ľ					0. Election Committee Elec		^	_
Make Checi	r.May 1, 2003 Fe k Payable to Flor	f State	State				Election Campaign Fina Trust Fund Contribution.	ncing _		May Be I to Fees	
10.		OFFICERS AND	DIRECTOR	RS	11.		A	DDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	S IN 11
TITLE	PD	Ţ		☐ Delete	TITLE				2.10.1.10	☐ Change	☐ Addition
NAME	RODRIGUEZ, JO	ORGE			NAME					ondingo	
STREET ADDRESS	2121 WEST 601				STREE	T ADDRESS					
CITY-ST-ZIP	HIALEAH FL 33	016			CITY-S	ST-ZIP					Ì
TITLE				☐ Delete	TITLE					☐ Change	☐ Addition
NAME					NAME	ļ				onungo	
STREET ADDRESS					STREET	T ADDRESS					ľ
CITY-ST-ZIP					CITY-5	ST-ZIP					
TITLE				☐ Delete	TITLE		*			☐ Change	☐ Addition
NAME					NAME					_	_
STREET ADDRESS					STREET	ADDRESS					
CITY-ST-ZIP		<u> </u>			CITY-S	IT-ZIP					
TITLE				☐ Delete	TITLE				_	Change	☐ Addition
NAME CERSEL ADDRESS					NAME	1					
STREET ADDRESS CITY-ST-ZiP						ADDRESS					1
					CITY-S	T-ZIP	= <u> </u>				}
TITLE				☐ Delete	TITLE					☐ Change	☐ Addition
NAME CIRET ADDRESS					NAME					_]
STREET ADDRESS CITY-ST-ZIP						ADDRESS					
	· · · · · · · · · · · · · · · · · · ·				CITY-S	T- ZIP					
TITLE NAME				☐ Delete	TITLE					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 changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP