

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90378 007 ***150.00

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

DOCUMENT # **P97000101520**

1. Entity Name
GOLD RAVEN INC

1.000049

DO NOT WRITE IN THIS SPACE

B. Principal Place of Business 1330 NE 125TH ST <small>Suite, Apt. #, etc.</small>		A. Mailing Address <small>Suite, Apt. #, etc.</small>	
City & State NORTH MIAMI FL		City & State 	
Zip 33161	Country	Zip	Country

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4. FEI Number 65-0872902	Applied For <input type="checkbox"/> Not Applicable
8. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of Current Registered Agent

Name **ALICE BILLMAN**

Street Address (P.O. Box Number is Not Acceptable)
1330 NE 125TH ST

City **NORTH MIAMI FL** Zip Code **33161**

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 *Alice Billman* DATE **4/30/03**

Signature, typed or printed name of registered agent and his or her associate. (NOTE: Registered Agent's signature required when re-appointing.)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CUERVO, GOSTAVO 1330 NE 125TH ST NORTH MIAMI FL 33161
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SO BILLMAN, ALICE 1330 NE 125TH ST NORTH MIAMI FL 33161
TITLE 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)(b), 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 11 or on an attachment with an address, with all other filers empowered.

SIGNATURE: *Joe Cuervo* DATE **4/30/03** PHONE **305 895-8320**

SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICIAL OR DIRECTOR