

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**

1.0000049

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**1330 NE 125TH ST**  
Suite, Apt. #, etc.

3. Mailing Address  
City & State  
**NORTH MIAMI FL**  
City & State  
Zip  
**33161** Country

4. FEI Number  
**65-0872902** Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE IN THIS SPACE**

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**

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  (See criteria on back)

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

11. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>CUERVO, GUSTAVO</b>
STREET ADDRESS	<b>1330 NE 125TH ST</b>
CITY-ST-ZIP	<b>NORTH MIAMI FL 33161</b>
TITLE	<b>SO</b>
NAME	<b>BILLMAN, ALICE</b>
STREET ADDRESS	<b>1330 NE 125TH ST</b>
CITY-ST-ZIP	<b>NORTH MIAMI FL 33161</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: *Gustavo Cuervo* DATE **4/30/03** 305 895-8320