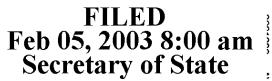
## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)** P97000103457 **DOCUMENT #**



GUASCO	PR, INC.							02-05-				
Principal Place of Business 7220 N.W. 36TH STREET SUITE 310 MIAMI FL 33166 US			7220 Suite	Mailing Address 7220 N.W. 36TH STREET SUITE 310 MIAMI FL 33166 US								
2. Principal Place of Business				3. Mailing Address					<b>                                    </b>			
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & Sta	ate		City	y & State			4. F	El Number <b>65-080</b> 7	7511		$\vdash$	pplied For ot Applicable
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	6. Name	and Address of Currer	t Register	ed Agent			7. N	Name and Address of I	New Register	ed Agen	it	
		ميونت رسسين ديد				Name	شيعهما					
PAITUVI, I	MARTIN		<del></del>			Stroot Addres	200 (D O D	ov Numbor is Net A	otable\			
7220 NW	36 STREET	SUITE 340				Street Addre	ess (P.U. B	ox Number is Not Acce	piable)			
MIAMI FL		- -						<del></del>				
		;				City			i	=L   <sup>2</sup>	Zip Code	e
the obliga	itions of regis	ty submits this statement tered agent.	for the purp	oose of changing its	s register	ed office or regi	istered age	ent, or both, in the State	of Florida. I	am famili	ar with,	and accept
	· ·											
SIGNATURE		or printed name of registered age	nt and title if app	plicable. (NO	TE: Registere	d Agent signature rec	ouired when rei	instating)	DA	TE		
	Signature, typed	or printed name of registered age	nt and title if app	plicable. (NO	TE: Registere	d Agent signature red	quired when rei	instating)	DA	TE		
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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.

SIGNATURE: 5

(305)436-8929

Daytime Phone #