FILED

Apr 25, 2003 8:00 am Secretary of State

04-25-2003 90331 012 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

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LATINOSHOPPING CORP.					
Principal Place of Business C/O KLUGER, PERETZ, KAPLAN	Mailing Address C/O KLUGER, PERETZ. KAPLAN				

C/O KLUGER, PERETZ. KAPLAN

Suite. Apt. v. dirc Suite. Apt. v. dirc Suite. Apt. v. dirc Check HERE IF MAKING CHANGES	201 S BISCAYNE BLVD. SUITE 1700 MIAMI FL 33131		201 S BISCAYNI MIAMI FL 33131	201 S BISCAYNE BLVD. SUITE 1700 MIAMI FL 33131								
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MIAMI CENTER REGISTERED AGENTS, INC. 201 S. BISCAYNE BLVD SUITE 1700 MIAMI FL 33131 City FL Zio Codo	<u> </u>	6. Name	and Address of Current	 Registered Agent		T	7, Name	<u> </u>				
201 S. BISCAYNE BLVD SUITE 1700 MIAMI FL 33131 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered eigent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, bear or prised name or segment and told applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS THILE MAKE SIREFLANDRES OFFICERS AND DIRECTORS IN 11 INC. MAME SIREFLANDRES OITY 51-2P THILE MAME SIREFLANDRESS OITY 51-2P THILE MAME					5 - 5 - 2 - 3	Name		<u> </u>		. :		
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MIAMI FL 33131 City FL Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT ILL. MAKE SIREF ADDRESS CITY-51-2P MIAMI FL 33131 Delete 11LE MAKE SIREF ADDRESS CITY-51-2P TITLE MAKE SIREF ADDRESS SIREF ADDRESS CITY-51-2P TITLE MAKE SIREF ADDRESS			LVD									
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE												
The cbligations of registered agent. Signature, speed or private name of registered agent and site if applicable. FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$	MIAMI FL	. 33131				City			FL	Zip Code)	
SIGNATURE Synctrom typed or printed name of registrored agent and stife 8 applicable. (NOTE Registered Agent signature registrored where remislating) PLE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIFFECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 11 INLE MANE SIREET ADDRESS C/O201 S BISCAYNE BLVD, #1700 INTE MAME SIREET				or the purpose of char	nging its register	ed office or regis	tered agent, or	r both, in the State of Flo	rida. I am famil	iar with, a	and accept	
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12. I hereby certify that the information supplied with his 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 securate 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 treatee 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