

**FILED**  
**Jun 19, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91324 044 \*\*\*150.00

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

36064

DOCUMENT # P98000070581

1. Entity Name  
INDUSTRIAS DESAFIO, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 550 Biltmore Way Suite, Apt. #, etc. # 103 City & State Miami, FL Zip 33134		3. Mailing Address 7765 SW 87 Avenue Suite, Apt. #, etc. Suite 102 City & State Miami, FL Zip 33173	
Country USA	Country USA	Country USA	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0863453	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Drew Sheridan	
Street Address (P.O. Box Number is Not Acceptable) 7765 SW 87 Avenue	
Suite 102	
City Miami	FL Zip Code 33173

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (Not for Registered Agent signature required when missing)

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

**OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP
D/P/S	Shahen A. Gheblikian	550 Biltmore Way, # 103	Miami, FL 33134
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP

**DO NOT WRITE IN THIS SPACE**

CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE Shahen Gheblikian Date 6/14/02 Telephone (305) 445 7010  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR