

FILED
May 28, 2002 8:00 am
Secretary of State

04-30-2002 90171 050 ***150.00

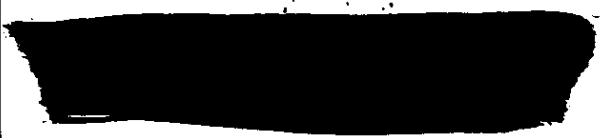
2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000091927

1. Entity Name
KARL SPRINGER WORKSHOP, INC.

Principal Place of Business 14618 NW 26TH AVE. OPA-LOCKA FL 33054	Mailing Address 14618 NW 26TH AVE. OPA-LOCKA FL 33054
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

~~DIAZ JESUS~~ **LUISA CUELLAR**
**14618 NW 26TH AVE.
OPA-LOCKA FL 33054**

4. FEI Number **65-0886902**

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name **LUISA CUELLAR**
Street Address (P.O. Box Number is Not Acceptable)
3306 EL JARDIN DR APT #7
City **HOLLYWOOD** FL Zip Code **33024**

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 *[Signature]*
(Signature and printed name of registered agent and file if applicable. (NOT) Registered Agent signature required when reinstating)

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD DIRECTOR	NAME DIAZ, JESUS	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 14618 NW 26TH AVE.	CITY-ST-ZIP OPA-LOCKA FL 33054	STREET ADDRESS	
TITLE	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	

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 Block 12 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE: *[Signature]* **LUISA CUELLAR**
Date **02-16-2002** Daytime Phone # **305 688 7474**

CR2E094 (9/01)