2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003
Secretary of State

DOCUMENT# P99000001026

Entity Name: GRAB A BARGAIN.COM, INC.

Current Principal Place of Business:

430 E SEMORAN BLVD.
SUITE 224
CASSELBERRY, FL 32707

New Principal Place of Business:

430 SEMORAN BLVD.
SUITE 224
CASSELBERRY, FL 32707

Current Mailing Address:

430 E SEMORAN BLVD.
SUITE 224
CASSELBERRY, FL 32707

New Mailing Address:

430 SEMORAN BLVD.
SUITE 224
CASSELBERRY, FL 32707

FEI Number: 59-3656992 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANTUNES, PETER
430 E SEMORAN BLVD.
SUITE 224
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

ANTUNES, PETER
430 SEMORAN BLVD.
SUITE 224
CASSELBERRY, FL 32707 US

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: PETER ANTUNES 04/30/2003
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ANTUNES, PETER
Address: 430 E SEMORAN BLVD. # 224
City-St-Zip: CASSELBERRY, FL 32707

Title: D ( ) Delete
Name: ANTUNES, JEFFERY R
Address: 430 E SEMORAN BLVD. # 224
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: ANTUNES, PETER
Address: 430 SEMORAN BLVD. # 224
City-St-Zip: CASSELBERRY, FL 32707

Title: D (X) Change ( ) Addition
Name: ANTUNES, JEFFERY R
Address: 430 SEMORAN BLVD. # 224
City-St-Zip: CASSELBERRY, FL 32707

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER ANTUNES D 04/30/2003
Electronic Signature of Signing Officer or Director Date