

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

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90426 033 ***158.75

DOCUMENT # P99000003254
1. Entity Name
RAMON MATESA INCORPORATION

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business 2103 Sycamore Lane East | 3. Mailing Address 2103 Sycamore Lane East |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

DO NOT WRITE IN THIS SPACE

| | | | |
|------------------------------------|------------------------------------|-----------------------------|-------------------------------|
| City & State Plant City Florida | City & State Plant City Florida | 4. FEI Number 65-0897452 | Applied For Not Applicable |
| Zip 33566 | Country U.S.A | Zip 33566 | Country U.S.A |

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ORTIZ-GARCIA RICARDO

Street Address (P.O. Box Number is Not Acceptable):
2103 Sycamore Lane East

City: PLANT CITY FL Zip Code: 33566

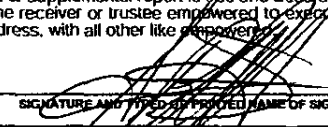
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: 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) <input type="checkbox"/> | January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|---|

| 11. OFFICERS AND DIRECTORS | | | |
|--|--|--|-----------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ORTIZ-GARCIA RICARDO 2103 SYCAMORE LANE EAST PLANT CITY, FLORIDA 33566 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 information.

SIGNATURE:  RICARDO ORTIZ GARCIA. 4/29/03 (813) 752-0258
PRESIDENT Date: Daytime Phone #

CR2E034B (12/01)