

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90084 045 ***158.75

DOCUMENT # P99000015074



1. Entity Name
SOIN INTERNATIONAL CORP.

Principal Place of Business
**4672 N.W. 114TH AVENUE
SUITE 309
MIAMI FL 33178**

Mailing Address
**4672 N.W. 114TH AVENUE
SUITE 309
MIAMI FL 33178**



2. Principal Place of Business
1333 South Miami Ave.

3. Mailing Address
17125 N. Bay Road

Suite, Apt. #, etc.
Suite # 206

Suite, Apt. #, etc.
Suite # 3503

City & State
Miami, FL

City & State
Sunny Isles Beach, FL

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0901039**

Applied For
 Not Applicable

Zip Country
33129 USA

Zip Country
33160 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALVARO CASTILLO B., P.A.
1390 BRICKELL AVENUE
SUITE 200
MIAMI FL 33131**

Name
Street Address (P.O. Box Number is Not Acceptable)
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ESQUIVEL, MAURICIO 151 CRANDOM BLVD, KEY COLONY PHASE III 208 KEY BISCAYNE FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MONTERROSO, TOMAS 4672 NW 114TH AVENUE, #309 MIAMI FL 33178-4825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Monterroso, Tomas 17125 N. Bay Road, #3503 Sunny Isles Beach, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **(Signature) Tomas Monterroso, Secretary** Date: **04/07/03** (305) 310-2092
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/02)