

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P99000019812**

1. Entity Name
PESILUCA CORPORATION



Principal Place of Business
**724 SW 25 ROAD
MIAMI FL 33129**

Mailing Address
**724 SW 25 ROAD
MIAMI FL 33129**

2. Principal Place of Business

**1961 SW 14 TR
Suite, Apt. #, etc.
MIAMI**

3. Mailing Address

P.O. Box 452104

Suite, Apt. #, etc.

City & State

City & State

MIAMI

Zip **33145**

Zip **33245**

Country **FA**

Country **FA**

6. Name and Address of Current Registered Agent

**NAVARRO, FACUNDA S
724 SW 25 ROAD
MIAMI FL 33129**

4. FEI Number

65-0904801

Applied For
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

7. Name and Address of New Registered Agent

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

FACUNDA S NAVARRO

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

7-8-2003

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D**
NAME **NAVARRO, FACUNDA S**
STREET ADDRESS **724 SW 25 ROAD**
CITY-ST-ZIP **MIAMI FL 33129**

Delete

TITLE **FACUNDA S NAVARRO**
NAME **1961 SW 14TR**
STREET ADDRESS **P.O. BOX 452104**
CITY-ST-ZIP **MIAMI FA 33145**

Change Addition
33245

TITLE **D**
NAME **NAVARRO, PEDRO A**
STREET ADDRESS **724 SW 25 ROAD**
CITY-ST-ZIP **MIAMI FL 33129**

Delete

TITLE **PEDRO A NAVARRO**
NAME **1961 SW 14TR**
STREET ADDRESS **P.O. BOX 452104**
CITY-ST-ZIP **MIAMI FA 33145**

Change Addition
33245
P.O. BOX 452104

TITLE **D**
NAME **CAMPA, JULIANA E**
STREET ADDRESS **1961 SW 14TR**
CITY-ST-ZIP **MIAMI FL 33129**

Delete

TITLE **JULIANA E CAMPA**
NAME **1961 SW 14TR**
STREET ADDRESS **P.O. BOX 452104**
CITY-ST-ZIP **MIAMI FA 33145**

Change Addition
33245
P.O. BOX 452104

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)