

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

<b>DOCUMENT # P99000026154</b> 1. Entity Name <b>GUSTAVO MEDINA &amp; ASSOCIATES, INC.</b>		
Principal Place of Business 8625 NW 54TH STREET MIAMI, FL 33166 US		Mailing Address 8430 NW 68TH #6 MIAMI, FL 33166
2. Principal Place of Business <b>3332 Torremolinos Ave #332</b>		3. Mailing Address <b>3332 Torremolinos Ave</b>
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>
Zip <b>33138</b>		Zip <b>33138</b>
4. FEI Number <b>65-0908818</b>		Applied For (Not Applicable)
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent <b>MEDINA, GUSTAVO                  3332 TORREMOLINOS AVE.                  MIAMI, FL 33178</b>		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:		DATE: <b>06/30/03</b>
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fee
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D                  MEDINA, GUSTAVO                  8430 NW 68TH ST., #6                  MIAMI, FL 33166</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>M                  MEDINA, NICOLE                  8430 NW 68TH ST., #66                  MIAMI, FL 33166</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>President                  GUSTAVO MEDINA                  3332 Torremolinos Ave.                  MIAMI FL 33138</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Secretary                  Nicole Medina - 2:330                  3332 Torremolinos Ave                  MIAMI FL 33138</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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:		DATE: <b>06/30/03</b>

CD2E034 (10/02)