

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000026799

FILED
Apr 29, 2003
Secretary of State

Entity Name: PREMIUM QUALITY ROSE, INC.

Current Principal Place of Business:

1444 NW 82 AVENUE
MIAMI, FL 33126 US

New Principal Place of Business:

2289 NW 82 AVENUE
MIAMI, FL 33122 US

Current Mailing Address:

1444 NW 82 AVENUE
MIAMI, FL 33126 US

New Mailing Address:

2289 NW 82 AVENUE
MIAMI, FL 33122 US

FEI Number: 65-0916568

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BERLIT CORPORATE SERVICES, INC.
848 BRICKELL AVE., STE. 200
MIAMI, FL 33131

Name and Address of New Registered Agent:

JUAN CARLOS PONCE
2289 NW 82 AVE
MIAMI, FL 33122

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: JUAN CARLOS PONCE

04/29/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: PONCE, JUAN C
Address: AV. REPUBLICA DEL SALVADOR 836
City-St-Zip: EDIFICIO PRISMA NORTE OF.11,

Title: D (X) Delete
Name: COBO, FRANCISCO R
Address: AV. REPUBLICA DEL SALVADOR 836
City-St-Zip: EDIFICIO PRISMA NORTE OF.11,

Title: D (X) Delete
Name: LASSO, JUAN E
Address: AV. REPUBLICA DEL SALVADOR 836
City-St-Zip: EDIFICIO PRISMA NORTE OF.11,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: PONCE, JUAN C
Address: 2289 NW 82 AVE
City-St-Zip: MIAMI, FL 33122

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JUAN CARLOS PONCE

PST

04/29/2003

Electronic Signature of Signing Officer or Director

Date