
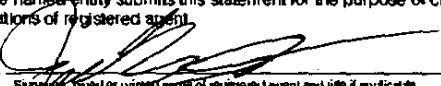
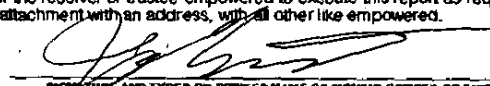


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91147 036 ***150.00

90126965

DOCUMENT # P99000036644			
1. Entity Name PRICEANDGO.COM, INC.			
Principal Place of Business 10240 S.W. 56 ST., STE. 101 MIAMI, FL 33165		Mailing Address P.O. BOX 831892 MIAMI, FL 33283-1892	
2. Principal Place of Business 10300 SW 72 ST Suite, Apt. #, etc. Suite 427		3. Mailing Address Suite, Apt. #, etc.	
City & State Miami, Florida		City & State	
Zip 33173-3021	Country US	Zip	Country
6. Name and Address of Current Registered Agent SQUILLANTE, JOHN E. 10240 S.W. 56 ST., STE. 101 MIAMI, FL 33165		4. FEI Number 65-0913180	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent Name John Squillante			
Street Address (P.O. Box Number is Not Acceptable) 10300 SW 72 St., Suite 427			
City Miami		FL	Zip Code 33173-3021
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 4/30/03	
FILE NOW WITH FEES IS \$160.00 AR# 4444 May 1, 2003 Fee will be \$650.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SQUILLANTE, JOHN E 10240 S.W. 56 ST., STE. 101 MIAMI, FL 33165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD John Squillante 10300 SW 72 St., Suite 427 Miami, FL 33173-3021 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SQUILLANTE, JASON R 10240 S.W. 56 ST., STE. 101 MIAMI, FL 33165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Jason R. Squillante 10300 SW 72 St., Suite 427 Miami, FL 33173-3021 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SQUILLANTE, MARK D 10240 S.W. 56 ST., STE. 101 MIAMI, FL 33165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Mark D. Squillante 10300 SW 72 St., Suite 427 Miami, FL 33173-3021 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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)(1), 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: 		John Squillante, President 305-275-9943	

CR2E034 (10/02)