

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

05-05-2003 92209 024 ***150.00

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

DOCUMENT # 1. Entity Name	P-99000069412	YEAR-2003
MAGGIE & DADDY ENTERPRISES, CORP.		

DO NOT WRITE IN THIS SPACE

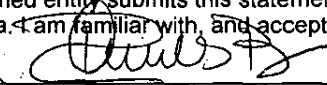
2. Principal Place of Business 3286 NW 100TH STREET Suite, Apt. #, etc.		3. Mailing Address 3286 NW 100TH STREET Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI-FLORIDA	
Zip 33147	Country USA	Zip 33147	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0939331	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name ESTEBAN AVILES	
Street Address (P.O. Box Number is Not Acceptable) 3286 NW 100TH STREET	
City MIAMI	Zip Code 33147

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 	ESTEBAN AVILES
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
DATE 4/28/2003	

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 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
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10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDVPT AVILES, ESTEBAN 3286 NW 100TH STREET MIAMI-FL 33147	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **ESTEBAN AVILES, PRESIDENT** **4/28/2003** **786-229-4008**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #