

FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90133 004 ***150.00

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

DOCUMENT # P99000072912
 1. Entity Name
**ROSARIO & CABRERA IMMIGRATION ATTORNEYS
 PROFESSIONALS CORP.**



Principal Place of Business
 853 E. SENORAN BLVD
 125
 CASSELBERRY, FL 32707 US

Mailing Address
 853 E. SENORAN BLVD
 125
 CASSELBERRY, FL 32707 US

90047349

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**ROSARIO, MICHAELANGELO
 299 BENTLEY DRIVE
 LONGWOOD, FL 32779**

4. FEI Number **59-3593924** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when registering.)

FILE NOW! FEE IS \$150.00.
 APR. MAY 1, 2003. Fee will be \$550.00.
 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 P	NAME ROSARIO, MICHAELANGELO STREET ADDRESS 299 BENTLEY DRIVE CITY-ST-ZIP LONGWOOD, FL 32779	TITLE	NAME STREET ADDRESS CITY-ST-ZIP
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VST	NAME CABRERA, PABLO STREET ADDRESS 906 MOONLUSTER DR CITY-ST-ZIP CASSELBERRY, FL 32707	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	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	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	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)(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: Pablo Cabrera 03/07/03 (407) 265-1166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date City/State Phone #

CR2E034 (10/02)