

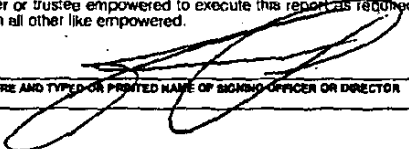


FILED
Jun 13, 2003 8:00 am
Secretary of State

05-02-2003 90209 045 ***150.00

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

DOCUMENT # P99000075306			
1. Entity Name A.D.F. INVESTMENTS OF WESTON, INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 1003 Shotgun Rd Suite, Apt. #, etc.		3. Mailing Address 1003 Shotgun Rd Suite, Apt. #, etc.	
City & State Sunrise, FL		City & State Sunrise, FL	
Zip 33326	Country USA	Zip 33326	Country USA
4. FEI Number 65-0979175		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 Current Registered Agent			
Name Ferman Restrepo			
Street Address (P.O. Box Number is Not Acceptable) 1003 Shotgun Rd			
City Sunrise FL Zip Code 33326			
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  <small>Signature, typed or printed name of registered agent and SA's approval. (NOTE: Registered Agent's signature required when reappointing)</small>		DATE 4/30/03	
January 1 - May 1 Fee is \$350.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		8. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ferman Restrepo 1003 Shotgun Rd, Sunrise, FL 33326	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D. N. R. Restrepo 1365 Victoria Island Weston FL 33326	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 04/30/03 Daytime Phone # 954 476 0813	

CR20348 (12/02)