

2003

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED  
Apr 25, 2003 8:00 am  
Secretary of State

04-25-2003 90249 011 \*\*\*150.00

DOCUMENT # P99000080308 1. Entity Name Espitia Enterprises, Inc.
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DO NOT WRITE IN THIS SPACE

11017413

2. Principal Place of Business 7330 Ocean Terr. Suite, Apt. #, etc. Suite 902	3. Mailing Address 7330 Ocean Terr. Suite, Apt. #, etc. Suite 902
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DO NOT WRITE IN THIS SPACE

City & State Miami Beach, FL	City & State Miami Beach, FL	4. FEI Number 65-0962872	Applied For Not Applicable
Zip 33141	Country USA	Zip 33141	Country USA

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent	
Name Espitia, Mauricio	
Street Address (P.O. Box Number is Not Acceptable) 7330 Ocean Terr.	
Suite 902	
City Miami Beach	FL Zip Code 33141

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P Espitia, Mauricio 7330 Ocean Terr., Suite 902 Miami Beach, FL 33141	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/S/T Valencia, Maria 7330 Ocean Terr., Suite 902 Miami Beach, FL 33141	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E034B (12/02)

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:  Mauricio Espitia 4-17-03 305-498-1969  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #