

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

DOCUMENT # P99000094177 1. Entity Name PAVILION INVESTMENTS, INC.																																																																							
Principal Place of Business 80 SOUTHWEST 8TH STREET #3100 MIAMI, FL 33130			Mailing Address 80 SOUTHWEST 8TH STREET #3100 MIAMI, FL 33130																																																																				
2. Principal Place of Business 999 PONCE DE LEON BLVD. Suite, Apt. #, etc. #625		3. Mailing Address 999 PONCE DE LEON BLVD. Suite, Apt. #, etc. #625																																																																					
City & State CORAL GABLES FL		City & State CORAL GABLES FL		4. FEI Number 65-0983155																																																																			
Zip 33134		Country 		5. Certificate of Status Desired. <input type="checkbox"/> \$8.75 Additional Fee Required																																																																			
6. Name and Address of Current Registered Agent GEORGE T. RAMENI & ASSOCIATES, P.A. 200 S BISCAYNE BLVD 20TH FLOOR MIAMI, FL 33131				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE</small>																																																																							
FILE NOW!!! FEE IS \$160.00 <small>After May 1, 2003 Fee will be \$550.00</small> 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																																																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">DPS ARYEH, DARIUSH <input type="checkbox"/> Delete</td> <td style="width: 10%;"></td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td style="width: 10%;"></td> </tr> <tr> <td>NAME</td> <td>201 CRANDON BLVD #1139</td> <td></td> <td>NAME</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>KEY BISCAYNE, FL 33149</td> <td></td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td colspan="3" style="height: 40px;"> </td> <td colspan="3" style="height: 40px;"> </td> </tr> <tr> <td colspan="3" style="height: 40px;"> </td> <td colspan="3" style="height: 40px;"> </td> </tr> <tr> <td colspan="3" style="height: 40px;"> </td> <td colspan="3" style="height: 40px;"> </td> </tr> <tr> <td colspan="3" style="height: 40px;"> </td> <td colspan="3" style="height: 40px;"> </td> </tr> <tr> <td colspan="3" style="height: 40px;"> </td> <td colspan="3" style="height: 40px;"> </td> </tr> <tr> <td colspan="3" style="height: 40px;"> </td> <td colspan="3" style="height: 40px;"> </td> </tr> </tbody> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	DPS ARYEH, DARIUSH <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME	201 CRANDON BLVD #1139		NAME	STREET ADDRESS		STREET ADDRESS	KEY BISCAYNE, FL 33149		STREET ADDRESS	CITY-ST-ZIP		CITY-ST-ZIP			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 Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																																							
SIGNATURE: D. Aryeh - DARIUSH ARYEH April 24, 2003																																																																							
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																							

CR2E034 (10/02)