

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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90214 040 ***150.00

DOCUMENT # P99000105633



1. Entity Name
ADUSA CORP.

Principal Place of Business
**155 OCEAN LANE DRIVE
SUITE 1111
KEY BISCAYNE FL 33149**

Mailing Address
**155 OCEAN LANE DRIVE
SUITE 1111
KEY BISCAYNE FL 33149**



2. Principal Place of Business
155 OCEAN LANE DR.

3. Mailing Address
155 OCEAN LANE DR.

Suite, Apt. #, etc.
SUITE 705

Suite, Apt. #, etc.
SUITE 705

CHECK HERE IF MAKING CHANGES

City & State
KEY BISCAYNE, FL

City & State
KEY BISCAYNE, FL

4. FEI Number **65-0966673** Applied For
Not Applicable

Zip **33149** Country **USA**

Zip **33149** Country **USA**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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 *Adriana U. Salame-Cordova* **ADRIANA U. SALAME-CORDOVA USTD** 5/9/2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After 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	
TITLE PD	<input type="checkbox"/> Delete
NAME SALAME-CORDOVA, JORGE	
STREET ADDRESS 155 OCEAN LANE DRIVE SUITE 111	
CITY-ST-ZIP KEY BISCAYNE FL 33149	
TITLE VSTD	<input type="checkbox"/> Delete
NAME SALAME-CORDOVA, ADRIANA U	
STREET ADDRESS 155 OCEAN LANE DRIVE SUITE 111	
CITY-ST-ZIP KEY BISCAYNE FL 33149	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SALAME-CORDOVA, JORGE	
STREET ADDRESS 155 OCEAN LANE DR SUITE 705	
CITY-ST-ZIP KEY BISCAYNE, FL 33149	
TITLE VSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SALAME-CORDOVA, ADRIANA U.	
STREET ADDRESS 155 OCEAN LANE DR SUITE 705	
CITY-ST-ZIP KEY BISCAYNE, FL 33149	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Adriana U. Salame-Cordova* **ADRIANA U. SALAME-CORDOVA USTD** 5/9/2003 3053619680
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CRE034 (10/02)