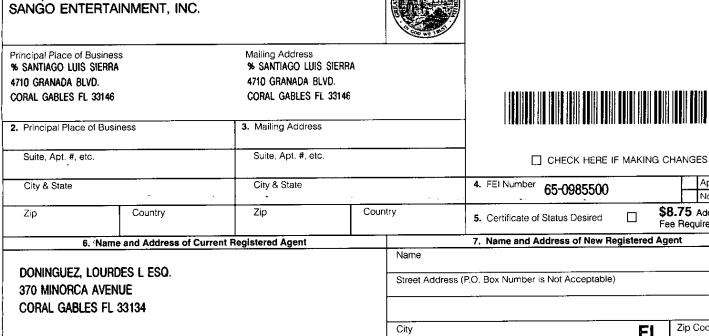
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P99000107066 **DOCUMENT #**

1. Entity Name



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

01-13-2003 90663 045 ***150.00



City & State		City & State		4. FEI Number 65-0985500	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Fee Rec		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
				Name		
DONINGUEZ, LOURDES L ESQ. 370 MINORCA AVENUE				Street Address (P.O. Box Number is Not Acceptable)		
CORAL GABLES FL 33134						
				FL	Zip Code	
3. 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.						
GRATURE 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 \$5.00 May Be Trust Fund Contribution. Added to Fees		
10.	OFFICERS AN	ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIF	RECTORS IN 11	
STREET ADDRESS 47	ERRA, SANTIAGO L 710 GRANADA BLVD. ORAL GABLES FL 33146	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	tify that the information supplied	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP or the exemption stated in	n Section 119.07(3)(i), Florida Statutes. I further certify	Change Addition	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR