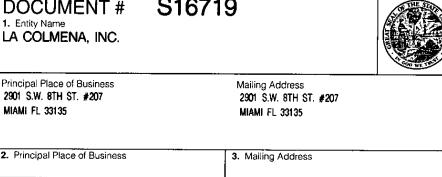
## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## S16719 **DOCUMENT #**



## Mar 24, 2003 8:00 am Secretary of State 03-24-2003 90660 018 \*\*\*158.75 **FILED**

LUULANNA

MIAMI FL 33135			MIAMI FL 33135				00018033				
2. Principal Place of Business			3. Mailing Address			_					
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City & State	·	4.	FEI Number 65-0239185	······································	Applied For Not Applicable			
Zip Country			Zip			5.	5. Certificate of Status Desired \$8.75 AFee Requir				
	6. Name	and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent						
PELAEZ, FAUSTO LOSANA					Name						
2901 SW 8TH ST.					Street Address (P.O. Box Number is Not Acceptable)						
SUITE 207 MIAMI FL 3									T = -		_
				City				FL	Zip Cod		
the obligation			the purpose of changing	its register	ed office or regis	stered ag	ent, or both, in the State of Flor	ida. I am fa	ımiliar with,	and accept	
SIGNATURE	Signature, typed	or printed name of registered agent a	nd title if applicable. (N	IOTE: Registere	ed Agent signature requ	ired when re	einstating)	DATE			
After I	May 1, 200	FEE IS \$150.00 Fee will be \$550.00 Florida Department of	State	,			9. Election Campaign Fina Trust Fund Contribution		<b>\$5.0</b> Added	00 May Be d to Fees	
10.	7.5	OFFICERS AND D	DIRECTORS	11.		AD	DITIONS/CHANGES TO OFFIC	CERS AND	DIRECTOR	S IN 11	1
TITLE NAME STREET ADDRESS	PD Losana-Pelaez, Fausto		☐ Delete	TITLI NAM STRE	E				☐ Change	☐ Addition	F034 (10/02)
NAME STREET ADDRESS	D LOSANA, 1 2901 SW 8 MIAMI FL	Eugenia BTH ST., STE. 207	Delete						☐ Change	Addition	CRO
TITLE NAME STREET ADDRESS			☐ Delete		ET ADDRESS				Change	☐ Addition	
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	,		☐ Delete	TITLE NAM! STRE					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1			I	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u></u>		☐ Delete	CITY-	E ET ADDRESS - ST- ZIP				☐ Change	Addition	
<ol> <li>I hereby cer indicated or of the corpo</li> </ol>	rtify that the n this report oration or the	information supplied with a or supplemental report is receiver or treete empore	his filing does not qualify true and accurate and that weren to execute this repo	for the exer t my signat rt as requir	mption stated in ture shall have the	Section 1 e same le 07, Floric	19.07(3)(i), Florida Statutes. I f egal effect as if made under oa da Statutes; and that my name	urther certif ith; that I am appears in (	y that the in an officer Block 10 or	nformation or director Block 11 if	

changed, or on an attachment with an

SIGNATURE: