2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)						May 05, 2003 8:00 am Secretary of State			
 Entity Nan 	MENT # S'	76780 on					ry of Sta 157 017 ***150.		
Principal Plac 12262 SW 10 MIAMI FL 331		1 226 2_6W	Mailing Address 12352 SW 19 LN MIAMI Ft 33184 3. Mailing Address 8404 S.W. 40 STREET						
	Place of Business .W. 40 STREET								
Suite, Apt.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & Stat		City & Sta		<u></u>	-	4. FEI Number 65-0281537	 	Applied For Not Applicable	
Zip 33155	Country MIAMI-	DADE 33155		Country MIAMI-DA	DE !	5. Certificate of Status Desired	S8.75 Ac Fee Requir		
	6. Name and Address	of Current Registered Ag	ent			7. Name and Address of New Re	gistered Agent		
BAEZ, VIDA P. 12262-SW-10-LN MIAMI-FL-33184 8. The above named entity submits this statement for the purpose of changing				Street Ad	Street Address (P.O. Box Number is Not Acceptable) 8404 S.W. 40 STREET				
				City			FL Zip Code 33155		
Afte	PST	\$550.00 artment of State	☐ Delete	11. TIPLE		9. Election Campaign Fina Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICE ADDITIONS/CHANGES TO	☐ Adde	May Be ed to Fees RS IN 11	
NAME Street Address City-St-Zip	BAEZ, VIDA P. 12262 SW-10 LN MIAMI FL			NAME STREET ADORESS CITY-ST-ZIP		S.W. 40 STREET			
TITLE NAME Street address City-St-Zip	D BAEZ, VIDA P. 12262 SW-10 LN MIAMI FL	ļ	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		S.W. 40 STREET	X Change	Addition	
ITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
ITLE IAME ITREET ADDRESS ITY-ST-ZIP		I	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
ITLE IAME TREET ADDRESS SITY-ST-ZIP			Delete	TITLE NAME STREET AODRESS CITY-ST-ZIP			☐ Change	Addition	
ITLE IAME STREET ADDRESS SITY-ST-ZIP			Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
indicated	l on this report or supplement	al-report is true and accur	ate and that my si	onature shall have	ve the san	on 119.07(3)(i), Florida Statutes. I f ne legal effect as if made under oa lorida Statutes; and that my name	th: that I am an office	r or director	

SIGNATURE:

Without CHEZURED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #