

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 16, 2003 8:00 am
Secretary of State

05-05-2003 91415 015 ***150.00

DOCUMENT # V11721 1. Entity Name STIMULUS, INC.			
Principal Place of Business 16525 SW 232 STREET MIAMI FL 33170 US		Mailing Address 16525 SW 232 STREET MIAMI FL 33170 US	
2. Principal Place of Business 30 FARMVIEW ROAD Suite, Apt. #, etc.		3. Mailing Address 30 FARMVIEW ROAD Suite, Apt. #, etc.	
City & State WINDHAM, ME Zip 04602		City & State WINDHAM, ME Zip 04602	
Country USA		Country USA	
4. FEI Number 65-0324965		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SALAZAR, NORA 15304 SW 111 ST. MIAMI FL 33196		7. Name and Address of New Registered Agent Name PEDRO H. GALLINAR Street Address (P.O. Box Number is Not Acceptable) 6701 JONSET DR. STE. 100 City MIAMI FL Zip Code 33143	
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 6-7-03			
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SALAZAR, NORA 16525 SW 232 STREET MIAMI FL 33170	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SALAZAR, NORA 30 FARMVIEW ROAD WINDHAM, ME 04602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/26/03 Daytime Phone # 305-389-8897	

CR2E034 (10/02)