

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-14-2003 90035 018 ***150.00

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1. Entity Name
R2A, CORP.



Principal Place of Business
**1150 NW 72ND AVE STE 520
MIAMI FL 33126**

Mailing Address
**1150 NW 72ND AVE STE 520
MIAMI FL 33126**

00010100



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-1139570

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FUENTES, JOSE RICARDO
4925 COLLINS AVE #12 G
MIAMI BEACH FL 33140**

7. Name and Address of New Registered Agent

Name **Andres Otero**
Street Address (P.O. Box Number is Not Acceptable)
2626 SW 188 Ter
City **Miramar, FL** Zip Code **33029**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD <input checked="" type="checkbox"/> Delete
NAME	GOZMAN, RODRIGO
STREET ADDRESS	1150 NW 72ND AVE STE 520
CITY-ST-ZIP	MIAMI FL 33126
TITLE	VD <input type="checkbox"/> Delete
NAME	GUZMAN, RODRIGO
STREET ADDRESS	780 NE 69TH ST #1503
CITY-ST-ZIP	MIAMI FL 33138
TITLE	SD <input checked="" type="checkbox"/> Delete
NAME	FUENTES, JOSE RICARDO
STREET ADDRESS	4925 COLLINS AVE #12 G
CITY-ST-ZIP	MIAMI BEACH FL 33140
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	

TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Andres Otero
STREET ADDRESS	2626 SW 188 Ter
CITY-ST-ZIP	Miramar, FL, 33029
TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rodrigo Guzman
STREET ADDRESS	1150 NW 72 Av #520
CITY-ST-ZIP	Miami FL 33126
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	
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 an other like empowered.

SIGNATURE: **SIGNATURE ELECTRONIC**

Date: **4/11/03** Daytime Phone #: **305 4772902**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)