



FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91442 008 ***150.00

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

80113443

DOCUMENT # P02000078926		
1. Entity Name EJEMPLO PRODUCCIONES, INC.		
Principal Place of Business 5055 NW 7TH ST STE 409 C/O NOE GIL MIAMI, FL 33126		Mailing Address 5055 NW 7TH ST STE 409 C/O NOE GIL MIAMI, FL 33126
2. Principal Place of Business 10397SW 88TH ST Suite, Apt. #, etc. W-7		3. Mailing Address 10397SW 88TH ST Suite, Apt. #, etc. W-7
City & State MIAMI, FL 33176		City & State MIAMI, FL
Zip 33176	Country USA	Country USA
4. FEI Number 36-4522226		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 ESPINOZA, DIMAS 6056 NW 7TH ST STE 409 C/O NOE GIL MIAMI, FL 33126		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when reappointing)</small>		
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	DCEO ESPINOZA, DIMAS 6056 NW 7TH ST STE 409 MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		DCEO ESPINOZA, DIMAS 10397 SW 88TH ST #W-7 MIAMI, FL 33176 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCOO GIL, NOE 6056 NW 7TH ST STE 409 MIAMI, FL 33126 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		DCOO ESPINOZA, MARTHA 10397 SW, 88TH ST #W-7 MIAMI, FL 33176 <input type="checkbox"/> Change <input checked="" 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
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
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:  DIMAS ESPINOZA		Date 04/30/03 305-894-1228

CR2E004 (10/02)