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## Feb 19, 2004 08:00 AM Secretary of State **DOCUMENT # 545687** 1. Entity Name NAMROK INDUSTRIES OF FLORIDA, INCORPORATED Principal Place of Business Mailing Address 1936 SEVENTH COURT NORTH LAKE WORTH FL 33461 1936 SEVENTH COURT NORTH LAKE WORTH FL 33461 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE City & State City & State 4. FEI Number Applied For 59-1791801 Not Applicable Ζiρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THOMPSON, ROBERT C. Street Address (P.O. Box Number is Not Acceptable) 1566 62ND AVENUE, SOUTH WEST PALM BEACH FL 33415 City 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 Kobert C. Thompson SIGNATURE ire typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when re FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change NAME THOMPSON, ROBERT C. NAME U00000056696 STREET ADDRESS 1566 62ND AVENUE SOUTH STREET ADDRESS 02/19/04-80030-014 150.00 CITY-ST-ZIP WEST PALM BEACH FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME THOMPSON, PAULINE L. NAME STREET ADDRESS 1566 62ND AVENUE SOUTH STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL CITY - ST - ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME THOMPSON, RICHARD F. NAME STREET ADDRESS STREET ADDRESS 1566 62ND AVENUE SOUTH CITY - ST - ZIP WEST PALM BEACH FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP

FILED

SIGNATURE: Robert C. Thompson Z-12-84
SIGNATURE and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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changed, or on an attachment with an address, with all other like empowered.

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