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

L91533 DOCUMENT

1. Entity Name

VOYTEK DESIGNS, INC.



FILED Mar 17, 2003 8:00 am Secretary of State

03-17-2003 90706 045 ***150.00

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|--|---------|---------------------|--------------------|--|--|---------------------------------|
| Principal Place of Business 104 ROYAL PARK DR APARTMENT 3G FT LAUDERDALE FL 33309 | | APARTMENT 3G | 104 ROYAL PARK DR | | CHECK HERE IF MAKING CHANGES | |
| 2. Principal Place of Business | | 3. Mailing Address | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | |
| City & State | | City & State | | | 4. FEI Number 65-0243828 | Applied For |
| | | | | | | Not Applicable |
| Zip | Country | Zip | Country | | T 3. Ceruncale of Status Bestred T T 1 ' | 8.75 Additional see Required |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | |
| SZCZEPANSKI, VOYTEK | | | | Name | | |
| 104 ROYAL PARK DRIVE | | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| APARTMENT 3 | | | | | | |
| FT. LAUDERDALE FL 33309 | | | Ť | City | EI | 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 Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing \$5.00 May Be After May 1, 2003 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 ☐ Addition SZCZEPANSKI, VOYTEK NAME NAME 104 ROYAL PARK DR #3G STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition 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 TITI E ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 employeded to execute this report is 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 addre

SIGNATURE: