2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P0000072639 1. Entity Name CUSTOM CARTOGRAPHICS CORP.						FILED Apr 30, 2001 08:00 AM Secretary of State					
Principal Place		Mailing Address	•							-	
MIAMI 33183	FL	MIAMI 33183		FL							
	lace of Business	3. Mailing Address 3370 PINEWALK DRIVE NORT	н	 .						-	
Suite, Apt. 203		Suite, Apt. #, etc.	• • •			DO NOT WRITE IN THIS SPACE					
City & State	ACH FL	City & State MARGATE	1	FL		. FEI Number 55-102994	9		—— ; -	pplied For lot Applicable	<u></u>
Zip 33069	Country	Zip 33063	Cour	ntry		. Certificate of S		X	\$8.75 Ac Fee Requir		
 	6. Name and Address of Curren	t Registered Agent		1.7	7.	Name and Ad	dress of New F	Registered	Agent		
JARQUE JOSE A 14250 SW 62 STREET, #120 MIAMI FL					ddress (P.O.	SE A Box Number is RIVE NORTH	Not Acceptable	€)	. <u></u>	<u> </u>	
33183				1214 City MARGA	TTD	·	<u>-</u>	FI	Zip Co	de	-
8. The above	named entity submits this statement	for the nurpose of changing its	register			agent or both in	the State of Ele		33063		\dashv
SIGNATURE _	JOSE JARQUE Signature, typed or printed name of registered agen				ure required wher				0/2001		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Tax files NOW!!! After MAY 1, 200 Make Check Payable			01 Fee	will be \$5	550.00 t of State	- Trust F	on Campaign Fir rund Contributio	n. I	∐ Add∈	00 May Be ed to Fees	
11.	OFFICERS ANI		12.			ADDITIONS/CH	ANGES TO OFF	ICERS AN		RS IN 11]_
NAME STREET ADDRESS	D JARQUE JOSE A 14250 SW 62 STREET, #120	□ Delete		ME EET ADDRESS		JOSE EWALK DRIVE	A NORTH		™ Change	☐ Addition	034 (11/00)
CITY-ST-ZIP	MIAMI FL 3318		TID	/-ST-ZIP	MARGAT	ATE		FL	33063		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST				PVST JARQUE 3370 PINI MARGAT	JOSE EWALK DRIVE IE	A NORTH	FL		☐ Addition	CR2E
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY	ME EET ADDRESS '-ST-ZIP					☐ Change	Addition	
of the corp	tertify that the information supplied wi on this report or supplemental report poration or the receiver or trustee emp or on an attachment with an address	is true and accurate and that r powered to execute this report	ny signa as requi	ifi ire chall h	ava tha com	ie legal effect as orida Statutes; a	if made under	aath, that l	am an office	e or director	
JIGNAI		PRINTED NAME OF SIGNING OFFICER	OR DIREC	TOR		L VOI	Date		Daytime Phone #		-

Daytime Phone #