FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 29, 2002 8:00 am § Secretary of State DOCUMENT # P01000002400 1. Entity Name 05-29-2002 90690 047 ***150.00 ZORRILLA AGENCY, INC. Principal Place of Business Mailing Address 2135 PALM BAY RD NE. SUITE 4 2135 PALM BAY RD NE. SUITE 4 PALM BAY FL 32905 PALM BAY FL 32905 2. Principal Place of Business 3. Mailing Address 4961 BABCOCK ST NE 4961 BABCOCK Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For FL PALM BAL PALM BAY, 59 - 370472i Not Applicable Zic Country Country \$8.75 Additional Certificate of Status Desired П 32905 BREVARD 32905 BREVARD Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GLODDY, REBECCA Address (P.O. Box Number is Not Acceptable) 2135 PALM BAY RD NE, SUITE 4 4961 BABCOCK ST NE PALM BAY FL 32905 SUITE Zip Code 3290S City PALM 8. The above nar ntity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida REBECA 03/20/02 SIGNATURE le if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete (9/01)TITLE Change ☐ Addition GLODDY, REBECA NAME STREET ADDRESS 2135 PALM BAY RD NE, SUITE 4 STREET ADDRESS CR2E034 CITY-ST-ZIP PALM BAY FL 32905 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete 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 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. 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 facelyer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GLODDY

03/20/02

(321) 728-2700

Daytime Phone #