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

Jul 07, 2003 8:00 am **Secretary of State** P01000032027 DOCUMENT # 07-07-2003 90310 023 ***150.00 J & J SUNSHINE CONSULTANTS, INC. Principal Place of Business Mailing Address 1117 EAST HALLANDALE BEACH BOULEVARD 1117 EAST HALLANDALE BEACH BOULEVARD SUITE 7 SUITE 7 HALLANDALE FL 33009 HALLANDALE FL 33009 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-1106439 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7; Name and Address of New Registered Agent ---- -SADAKA, NICHOLAS G Street Address (P.O. Box Number is Not Acceptable) 1117 EAST HALLANDALE BEACH BOULEVARD SUITE 7 HALLANDALE FL 33009 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... SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (4/03) TITLE ☐ Defete TITLE ☐ Change ☐ Addition SAYFIE. JORDAN NAME NAME 1117 EAST HALLANDALE BEACH BOULEVARD STREET ADDRESS STREET ADDRESS HALLANDALE FL 33009 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE PAPADAKIS, JOHN NAME NAME 10400 NW 18TH MANOR STREET ADDRESS STREET ADDRESS HALLANDALE FL 33322 CITY-ST-ZIP CITY-ST-ZIP Delete _ Change TITLE TITLE ■ Addition -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE 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-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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if