FILED 2003 FOR PROFIT CORPORATION Mar 20, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR P01000065838 DOCUMENT # 1. Entity Name 03-20-2003 90136 018 ***150.00 ATLANTIC VENTURES GROUP, INC. Principal Place of Business Mailing Address 505 NE 125 STREET 3000 1087 2636 SW 129 TERR MIAMI FL 33161 MIRAMAR FL 33027 2. Principal Place of Business 3. Mailing Address 3208 Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For Miani 65-1119148 Not Applicable Zip 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 BELONY, GARRY Street Address (P.O. Box Number is Not Acceptable) 2636 SW 129 TERR MIRAMAR FL 33027 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 it app (NOTE: Registered Agent signature required when reinstating) 10 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition MARTIN, PIERRE-MARY NAME NAME 2636 SW 129 TERR STREET ADDRESS STREET ADDRESS MIRAMAR FL 33027 CITY-ST-ZIP CITY-ST-ZIP ۷Ď TITLE ☐ Delete TITLE ☐ Change Addition BELONY, GARRY NAME NAME 2636 SW 129 TERR STREET ADDRESS STREET ADDRESS MIRAMAR FL 33027 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS * : z----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

12. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Delete

Daytime Phone #

Change

Change

☐ Addition

☐ Addition