FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 10, 2002 8:00 am³ Secretary of State P01000084147 DOCUMENT # 1. Entity Name 05-10-2002 90045 002 ***150 00 RABIBAUM, INC. Mailing Address Principal Place of Business 19380 COLLINS AVENUE. #1123 19380 COLLINS AVENUE, #1123 358950 SLINNY ISLES BEACH FL 33160 SUNNY ISLES BEACH FL 33160 3. Mailing Address 2. Principal Place of Business 6958 Kilmeth Circle Douth 6958 Falmetto Circle bout DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. 404 Applied For City & State City & Stat Not Applicable Florida **Florido** \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Proponowich 5 RABINOWICH, BENNY 19380 COLLINS AVENUE, #1123 SUNNY ISLES BEACH FL 33160 8. The above named emity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PNO ☐ Change Delete TITLE TITLE Pabinaeich RABINOWICH, BENNY NAME NAME 6958 Palmetto 19380 COLLINS AVENUE, #1123 STREET ADDRESS STREET ADDRESS SUNNY ISLES BEACH FL 33160 CITY-ST-ZIP Bocci Protion CITY-ST-7IP ☐ Addition Change ☐ Delete TITLE TITLE RABINOWICH, SUSY NAME NAME 171107#-1201 19380 COLLINS AVENUE, #1123 STREET ADDRESS STREET ADDRESS SUNNY ISLES BEACH FL 33160 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 receiver of 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 at other like empowered.

SIGNATURE: