FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90056 005 ***158.50

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000045209

1. Entity Name
LUKSMAN USA, INC.

Principal Place of Business	Mailing Address
4818 PALM TREE CT WINDERMERE, FL 34786	4818 PALM TREE CT WINDERMERE, FL 34786

2. Principal Place of Business	3. Mailing Address
4913 CASON COVE DR	4913 CASON COVE DR
Suite, Apt. #, etc. Suite 216	Suite, Apt. #, etc. Suite 216
City & State ORLANDO, FLORIDA	City & State ORLANDO, FLORIDA
Zip 32811 Country ORANGE	Zip 32811 Country ORANGE

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ANTONOS, LUDMILS A SR 4818 PLAM TREE CT WINDERMERE, FL 34786	Name LUDMILS ANTONOS SR Street Address (P.O. Box Number is Not Acceptable) 4913 CASON COVE DRIVE Suite 216 City ORLANDO FL Zip Code 32811

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] DATE 03/27/03

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANTONOS, LUDMILS C SR 4818 PALM TREE CT WINDERMERE, FL 34786 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUDMILS ANTONOS 4913 CASON COVE DR # 216 ORLANDO, FL 32811 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHRISTOPHE ANTONOS 4913 CASON COVE DR # 216 ORLANDO, FL 32811 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 03/27/03 407 4354535

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #