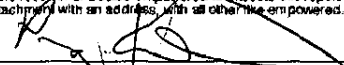


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91760 034 ***150.00

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

DOCUMENT # P02000050476																																						
1. Entity Name PAPAGROOVE, INC.																																						
Principal Place of Business 10343 ROYAL PALM BLVD 111 CORAL SPRINGS, FL 33065 US		Mailing Address 10343 ROYAL PALM BLVD 111 CORAL SPRINGS, FL 33065 US																																				
2. Principal Place of Business 2085 N. Paverline Rd Suite, Apt. #, etc. Suite 1		3. Mailing Address PO BOX 77125 Suite, Apt. #, etc.																																				
City & State Broward Bch FL		City & State Coral Springs FL																																				
Zip 33069		Zip 33077																																				
Country USA		Country USA																																				
4. FEI Number 75-3056539		Applied For Not Applicable																																				
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																						
6. Name and Address of Current Registered Agent KAPATAIDAKIS, PARASHOS S 10343 ROYAL PALM BLVD 111 CORAL SPRINGS, FL 33065		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ (Signature, typed or printed name of registered agent; and date if applicable. (NOTE: Registered Agent's signature required when applicable))																																						
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																						
10. OFFICERS AND DIRECTORS <table border="1"><thead><tr><th>TITLE</th><th>NAME</th><th>STREET ADDRESS</th><th>CITY-STATE-ZIP</th><th>☐ Delete</th></tr></thead><tbody><tr><td>P</td><td>KAPATAIDAKIS, PARASHOS S.</td><td>10343 ROYAL PALM BLVD # 111</td><td>CORAL SPRINGS, FL 33065</td><td></td></tr><tr><td></td><td></td><td></td><td></td><td>☐ Delete</td></tr><tr><td></td><td></td><td></td><td></td><td>☐ Delete</td></tr><tr><td></td><td></td><td></td><td></td><td>☐ Delete</td></tr><tr><td></td><td></td><td></td><td></td><td>☐ Delete</td></tr><tr><td></td><td></td><td></td><td></td><td>☐ Delete</td></tr></tbody></table>			TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete	P	KAPATAIDAKIS, PARASHOS S.	10343 ROYAL PALM BLVD # 111	CORAL SPRINGS, FL 33065						☐ Delete					☐ Delete					☐ Delete					☐ Delete					☐ Delete	
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1"><thead><tr><th>TITLE</th><th>NAME</th><th>STREET ADDRESS</th><th>CITY-STATE-ZIP</th><th>☐ Change</th><th>☐ Addition</th></tr></thead><tbody><tr><td></td><td></td><td></td><td></td><td>☐ Change</td><td>☐ Addition</td></tr><tr><td></td><td></td><td></td><td></td><td>☐ Change</td><td>☐ Addition</td></tr><tr><td></td><td></td><td></td><td></td><td>☐ Change</td><td>☐ Addition</td></tr><tr><td></td><td></td><td></td><td></td><td>☐ Change</td><td>☐ Addition</td></tr><tr><td></td><td></td><td></td><td></td><td>☐ Change</td><td>☐ Addition</td></tr></tbody></table>			TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change	☐ Addition					☐ Change	☐ Addition					☐ Change	☐ Addition					☐ Change	☐ Addition					☐ Change	☐ Addition					☐ Change	☐ Addition
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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:  4-30-03 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Printed Name																																						

CRF0004 (5/02)