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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Sep 04, 2003 8:00 am Secretary of State P02000112695 DOCUMENT # 09-04-2003 90067 037 ***558.75 1. Entity Name KINGS COFFEE HOUSE, INC. Principal Place of Business Mailing Address 117 W. ALEXANDER ST., PMB 301 117 W. ALEXANDER ST., PMB 301 PLANT CITY FL 33562 PLANT CITY FL 33562 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. X CHECK HERE IF MAKING CHANGES 4. FE! Number Applied For City & State City & State 03-0488186 Not Applicable Country Zip Country \$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 CORPORATE CREATIONS NETWORK INC. Address (P.O. Box Number is Not Acceptable) 941 FOURTH ST. MIAMI BEACH FL 33139 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 when reinstating FILE NOW!!! FEE IS \$550.00 \$5.00 May Be 9. Election Campaign Financing After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. CR2E034 (4/03) TITLE ☐ Delete TÍTI F Addition PURPURA, SALVATORE C JR. NAME 117 W. ALEXANDER ST., PMB 301 STREET ADDRESS STREET ADDRESS PLANT CITY FL 33562 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition PURPURA, DOROTHEA NAME NAME STREET ADDRESS 117 W. ALEXANDER ST., PMB 301 STREET ADDRESS PLANT CITY FL 33562 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Delete TITLE TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an address vith all other like exposured.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF