3.

FILED
Apr 22, 2004 8:00 am
Secretary of State
03-26-2004 90035 030 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000041582

1. Entity Name
SIX RINGS, INC.

66414302

03222004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
11470 NORTHWEST 37TH STREET SUNRISE, FL 33323	11470 NORTHWEST 37TH STREET SUNRISE, FL 33323

2. Principal Place of Business	3. Mailing Address
Suite, Apt # etc	Suite, Apt #, etc
City & State	City & State
Zip Country	Zip Country

4. FEI Number 57-1160150 — 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
SPIEGEL & UTRERA, P.A. ~~1840 SOUTHWEST 22 STREET, 4TH FLOOR~~ MIAMI, FL 33145	Name Steve Sternberg Street Address (P.O. Box Number is Not Acceptable) 11470 NW 37Th ST. City Sunrise FL Zip Code 33323

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] Steve Sternberg 3/22/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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 DPST NAME STERNBERG, STEVE STREET ADDRESS 11470 NORTHWEST 37TH STREET CITY-ST-ZIP SUNRISE FL 33323	☐ 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] Steve Sternberg 3/22/04 954-749-7492
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #