2002 UNIFORM BUSINESS REPORT (UBR)

May 19, 2002 8:00 am Secretary of State P98000091830 DOCUMENT # 1. Entity Name 05-19-2002 90181 018 ***150.00 TOP SPEED TRADING CO. Principal Place of Business Mailing Address 3990 SHERIDAN STREET, SUITE 108 3990 SHERIDAN STREET, SUITE 108 HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0905274 Not Applicable Country Country \$8.75 Additional 5.- Certificate of Status Desired --Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LIBERATORE, MICHAEL JOSEPH Street Address (P.O. Box Number is Not Acceptable) 1401 BRICKELL AVE **STE 300 MIAMI FL 33131** City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition CR2E034 (9/01) NAME PEREIRA DE REZENDE, JOAO LUIS STREET ADDRESS 3990 SHERIDAN STREET, SUITE 108 STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33021 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

FILED