FILED
May 31, 2005 8:00 am
Secretary of State
04-25-2005 90310 013 ***158.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 444368

1. Entity Name: Port Dixie Enterprises, Inc
PO Box 572
New York, N.Y 10156

DO NOT WRITE IN THIS SPACE

66020019

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
New York	Port Dixie Enterprises Inc
Suite, Apt. #, etc. P.O Box 572	Suite, Apt. #, etc. P.O. Box 572
City & State New York	City & State New York
Zip 10156 Country NY	Zip 10156 Country N.Y

4. FEI Number 59-157-9523 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Colonel V.S. Pedone USAF (RA)
2121 North Ocean Blvd #1501
BOCA RATON, Florida
33431

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: V.S. Pedone — 21 May 05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President V.S. Pedone Colonel USAF (ret) PO Box 572 New York, N.Y Mailing address	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/02)

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

SIGNATURE: V.S. Pedone, Colonel, USAF (ret) — 12 April 05 — 212-532-1136
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #