FILED

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

Jan 27, 2003 8:00 am **Secretary of State** F00000002550 DOCUMENT # 01-27-2003 90228 008 ***150.00 1. Entity Name JACQUELINE (HONG KONG) LIMITED CORP. Principal Place of Business Mailing Address STE 406. CHEVALIER HOUSE 45-51 STE 406. CHEVALIER HOUSE 45-51 CHATHAM RD SOUTH TSIM CHATHAM RD SOUTH TSIM SHA TSUI. KOWLOON. HONG KONG SHA TSUI. KOWLOON. HONG KONG 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 98-0166440 Not Applicable Zip Country Zip 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 CATTON, BRIAN Street Address (P.O. Box Number is Not Acceptable) 2241 S.W. 92 TERRACE #1803 FORT LAUDERDALE FL 33324 Zip Code City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/02) TITLE Delete TITLE Addition ☐ Change CATTON, BRIAN C NAME NAME STREET ADDRESS 2241 SW 92 TERRACE #1803 STREET ADDRESS FORT LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE CATTON, TERENCE M K NAME NAME STREET ADDRESS 45-51 CHATHAM ROAD SOUTH STREET ADDRESS CITY-ST-ZIP HONG KONG CITY-ST-ZIP ☐ Delete TITLE Change TITLE - [Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TIPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR