FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

PILED DOCUMENT # - P.99 600021182 03 MAY -2 All 8: 56 Etc. Tomatoes DO NOT WRITE IN THIS SPACE 400017875774 05/02/03--01049--008 **300,00 3730 N & 1 3. Mailing Address 3736 NE N٤ Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Pompano Beach FL Beach Pompano Not Applicable Zip 33064 Country USA Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent Name 1)trera DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) Almeria IN THIS SPACE Zip Code 33/34 tabks 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) January 1 - May 1 Fee is \$150.00 After May 1, Fee Is \$550.00 Amended UBR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution, \Box Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. CR2E034B (12/02) TITLE TITLE & Kaklias y a ssilios NAME NAME 14 Ave 3730 NE STREET ADORESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Beach omb an o TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPAC NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAMÊ s STREET ADORESS 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 cath; 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 given the receiver of the corporation of the receiver or trustee empowered. SIGNATURE: MIGNATURE AND TYPED OR PRINTED NAME OF SIG Daytime Phone #

2003

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April 29,. 2003

Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, Florida 32314

Re: Tomatoes Etc., Inc.

Document #P99000021182

To Whom It May Concern:

Please find enclosed a check for \$300.00 for payment of by 2002 and 2003 Uniform Business Reports. I did not receive the original form for either year. If possible, can you waive the penalty for this reason?

Sincerely,

Vássilios Kaklias, Pres.