FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90042 030 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000016333

1. Entity Name
KIMAERA ENTERPRISES, INC.

80114270

Principal Place of Business	Mailing Address
5785 HAYES STREET HOLLYWOOD, FL 33021	5785 HAYES STREET HOLLYWOOD, FL 33021

2. Principal Place of Business	3. Mailing Address
440 South Cypress	440 South Cypress Rd
Suite, Apt. #, etc. Road	Suite, Apt. #, etc.
City & State Pompano Beach, FL	City & State Pompano Beach
Zip 33060 Country Broward	Zip 33060 Country Broward

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0393816 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

SACCO, VINCENT
5785 HAYES STREET
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent

Name Vincent Sacco
Street Address (P.O. Box Number is Not Acceptable) 5735 Hayes Street
City Hollywood FL 33021 FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Vincent Sacco — DATE 4-29-03

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 After May 1, 2003 Fee will be $550.00 Make Checks Payable to Florida Department of State

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SACCO, VINCENT 5785 HAYES STREET HOLLYWOOD, FL 33021	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 5735 Hayes St Hollywood FL 33021
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BOOTH, SARAH 5785 HAYES STREET HOLLYWOOD, FL 33021	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 440 S. Cypress Rd Pompano Beach FL 33060
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

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] — 4-29-03 — 954-946-7908

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #