FILED

03 JUN 18 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000092703

1. Entity Name
BRUKA, INC.

900020974019
06/18/03--01048--009 **550.00

Principal Place of Business	Mailing Address
~~20010 NW 22ND COURT~~	~~20010 NW 22ND COURT~~
~~NORTH MIAMI BEACH, FL 33180~~	~~NORTH MIAMI BEACH, FL 33180~~

2. Principal Place of Business	3. Mailing Address
1664 NE MIAMI GRDS DR,	1669 NE MIAMI GRDS DR,
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NORTH MIAMI BEACH	City & State: NORTH MIAMI BEACH
Zip: FL 33179 Country: USA	Zip: FL 33179 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1052739 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WALKDEN, DAVID JOHN
~~20010 NW 22ND COURT~~
~~NORTH MIAMI BEACH, FL 33180~~

7. Name and Address of New Registered Agent

Name ~~DAVID~~ WALKDEN, DAVID JOHN
Street Address (P.O. Box Number is Not Acceptable) 1664 NE MIAMI GARDENS DR,
~~NORTH~~
City NORTH MIAMI BEACH FL Zip Code 33179

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] 06/13/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☒ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	WALKDEN, DAVID JOHN		NAME	WALKDEN, DAVID JOHN	
STREET ADDRESS	20010 NW 22ND COURT		STREET ADDRESS	1664 NE MIAMI GARDENS DR,	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33180		CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179	
TITLE	VD	☒ Delete	TITLE	VD	☒ Change ☐ Addition
NAME	WALKDEN, MARIA ABIGAIL D		NAME	WALKDEN, MARIA ABIGAIL D	
STREET ADDRESS	20010 NW 22ND COURT		STREET ADDRESS	1664 NE MIAMI GARDENS DR,	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33180		CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179	
TITLE		☐ Delete	TITLE		☐ Change ☐ 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		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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		

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] DAVID J. WALKDEN 6/13/03 (305)919 9919

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

JR 6/18