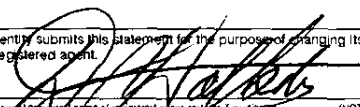


FILED

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.			
Principal Place of Business 20010 NW 22ND COURT NORTH MIAMI BEACH, FL 33180		Mailing Address 20010 NW 22ND COURT NORTH MIAMI BEACH, FL 33180	
2. Principal Place of Business 1664 NE MIAMI GARDEN DR.		3. Mailing Address 1664 NE MIAMI GARDEN DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State NORTH MIAMI BEACH FL 33179 USA		City & State NORTH MIAMI BEACH FL 33179 USA	
Zip		Zip	
Country		Country	
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 WALKDEN, DAVID JOHN 1664 NE MIAMI GARDEN DR. NORTH MIAMI BEACH, FL 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.		DATE 06/13/03	
SIGNATURE 			
FILE NOW!!! FEE IS \$160.00 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 NAME STREET ADDRESS CITY-ST-ZIP	PD WALKDEN, DAVID JOHN 20010 NW 22ND COURT NORTH MIAMI BEACH, FL 33180 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALKDEN, DAVID JOHN 1664 NE MIAMI GARDEN DR. NORTH MIAMI BEACH, FL 33179 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALKDEN, MARIA ABIGAIL D 20010 NW 22ND COURT NORTH MIAMI BEACH, FL 33180 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALKDEN, MARIA ABIGAIL D 1664 NE MIAMI GARDEN DR. NORTH MIAMI BEACH, FL 33179 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		DAVID J. WALKDEN 6/13/03 (305) 919 9919	

CH2E034 (10/02)

7/6/11