above, or on an attachment with all other like empowered. PRESIDENT

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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

SIGNATURE: TONI FAILLACE

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.

Electronic Signature of Registered Agent

Officer/Director Detail :

Title Р FAILLACE, TONI Name 4920 SW 17TH ST Address City-State-Zip: FT LAUDERDALE 33317

4360 PETERS RD

2 PLANTATION, FL 33317

Current Mailing Address:

4360 PETERS RD 2 PLANTATION, FL 33317 US

FEI Number: 47-1750337

Name and Address of Current Registered Agent:

FAILLACE, TONI 4360 PETERS RD 2 PLANTATION, FL 33317 US

FILED Feb 18, 2020 Secretary of State 5013652150CC

Certificate of Status Desired: No

02/18/2020 Date

02/18/2020 Date

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000072711 Entity Name: ALLPORTS IMPORT EXPORT INC

Current Principal Place of Business:

SIGNATURE: TONI FAILLACE

Electronic Signature of Signing Officer/Director Detail