FILED

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Sep 12, 2003 8:00 am Secretary of State DOCUMENT # 218217 09-12-2003 90103 020 ***550.00 1. Entity Name VANELLA ENTERPRISES, INC. Principal Place of Business Mailing Address 21 EAST ACRE DRIVE 21 EAST ACRE DRIVE PLANTATION FL 33317 PLANTATION FL 33317 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-6068579 Not Applicable Country Zip_ \$8.75 Additional 5. Certificate of Status Desired - . Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEMEO. PHILIP Street Address (P.O. Box Number is Not Acceptable) 9000 CLEARY BLVD PLANTATION FL 33324 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. SIGNATÚRE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing **\$5.00** May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE noitibbA DEMEO, PHILIP NAME NAME 21 EAST ACRE DRIVE STREET ADDRESS STREET ADDRESS PLANTATION FL 33317 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition 👿 Delete TITI F NAME FADGEN, RUSSELL J NAME STREET ADDRESS 21 EAST ACRE DRIVE STREET ADDRESS CITY-ST-ZIP PLANTATION: FL 33317~ CITY-ST-ZIP-TITLE 🔲 Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: