FILED 2002 UNIFORM BUSINESS REPORT (UBR) Sep 17, 2002 8:00 am Secretary of State DOCUMENT # 260209 1. Entity Name 09-17-2002 90099 028 ***550.00 KAYWOOD, INC. Mailing Address Principal Place of Business 18041 BISCAYNE BOULEVARD 18041 BISCAYNE BOULEVARD APT. #704 APT. #704 NORTH MIAM! BEACH FL 33160; NORTH MIAMI BEACH FL 33160 2. Principal Place of Business DO NOT WRITE IN THIS SPACE 1100 St. Charles Place Dogwood Bldg., Apt. #604 DOGWOOD BLDG., APT. #604 Applied For 4. FEI Number 59-1026469 Not Applicable PEMBROKE PINES. FL. 33026 \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name and Address of New B MILTON, BEAME CPA 12000 BISCAYNE BOULEVARD #508 MIAMI FL 33181 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AMD IRECT 11. Addition TITLE PD 1100 ST. CHARLES PLACE DOGWOOD BLDG., APT. FER ADDRESS NAME KATZIF, ALVIN CR2E034 STREET ADDRESS 18041 BISCAYNE BLVD PEMBROKE PINES, FL 30026 ST-ZIP CITY-ST-ZIP N. MIAMI BEACH FLESS STD POPROR ☐ Change ☐ Addition TITLE NAME KATZIF, CHARLOTTE 1100 ST. CHARLES PLAGET ADDRESS STREET ADDRESS 18041 BISCAYNE BLVD DOGWOOD BLDG., APT. #604zip CITY-ST-ZIF N. MIAMI BEACH FL PEMBROKE PINES: FL 83026 ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if

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Daytime Phone #

changed, or on an attachment with

SIGNATURE