Jan 27, 2003 8:00 am

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Secretary of State 575317 DOCUMENT # 01-27-2003 90165 040 ***150.00 1. Entity Name KENYA PHOTOMURAL, INC. Principal Place of Business Mailing Address 12210 SW 128 ST 12210 SW 128 ST MIAMI FL 33186 MIAMI FL 33186 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-1824663 Not Applicable Country Country Zip Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NAJIB QURAISHY QURAISHY, MASUD Street Address (P.O. Box Number is Not Acceptable) - --12210 SW 128TH STREET <u>12210 S.W. 128th St.</u> MIAMI FL 33186 YTAYT City 33186 MIAMI 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 ager 0 SIGNATURE Signature, typed f applicable (NOTE: Registered Agent signature required when reinstating) ed name of registered agent and FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Спалде CR2E034 (10/02) TITLE Addition TITLE Delete QURAISHY, MASUD NAME NAME STREET ADDRESS 12210 SW 128TH ST STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP ☐ Change Addition TITLE TITLE Delete NAME NAME QURAISHY, NUZHAT STREET ADDRESS 12210 SW 128TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 00000 TITLE X Change ☐ Addition ☐ Delete TITLE VΡ P/S/T/D NAME NAME QURAISHY, NAJIB NAJIB QURAISHY STREET ADDRESS STREET ADDRESS 12210 SW 128 ST 12210 SW 128th St., MIAMI,FL 33186 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE Delete -- ---NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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 appreciation of the receiver of the

SIGNATURE:

AND THE DIFFER OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN-24-203

305-251-1695

Daytime Phone #