FILED

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

Apr 04, 2003 8:00 am Secretary of State DOCUMENT # 605125 04-04-2003 90064 032 ***150.00 1. Entity Name CUNNINGHAM & RASKIN, INC. Principal Place of Business Mailing Address 7710 NW 71ST COURT 7710 NW 71ST COURT STE 101 STE 101 TAMARAC FL 33321 TAMARAC FL 33321 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-1529407 Not Applicable Zip Country Zip Country \$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 BAFIA, DANIEL Street Address (P.O. Box Number is Not Acceptable) 7710 N. W. 71 COURT SUITE 101 TAMARAC FL 33321 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. A/A TITLE ☐ Delete TITLE (X) Change ☐ Addition NAME BAFIA. DANIEL NAME STREET ADDRESS 7710 N. W. 71ST COURT STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TAMARAC FL 33321 VP/D TITLE D ☐ Delete TITLE Change Addition NAME AYERS, MELISSA NAME STREET ADDRESS STREET ADDRESS 7710 N.W. 71ST COURT CITY-ST-ZIP CITY-ST-ZIP TAMARAC FL 33321 TITLE Delete - Change - Addition TUCKER, JOHN NAME NAME TTIO N'W TIST COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMARAC, FL ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE □ Detete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not coalify 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

changed, or on an attachment with a