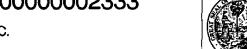
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

F00000002333 DOCUMENT





05-08-2003 90153 009 ***150.00 1. Entity Name CARLETON INVESTORS, INC. Mailing Address Principal Place of Business 1500 BAY RD 1500 BAY RD **SUITE 226 SUITE 226** MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 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 13-3804152 Not Applicable Zip Country 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 FORMAN, ROBERT S ESQ. Street Address (P.O. Box Number is Not Acceptable) 2101 WEST COMMERCIAL BLVD., SUITE 4100 FORT LAUDERDALE FL 33309 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 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 TITLE TITLE ☐ Change ☐ Addition Delete NAME KRISTOL, ADAM J NAME 1500 BAY RD SUITE 226 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33139 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition KRISTOL, DREW A NAME NAME 1500 BAY RD SUITE 226 STREET ADDRESS ۔ مقمل کی۔ STREET ADDRESS MIAMI BEACH FL 33139 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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 of the product of the chapter 607.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

May 08, 2003 8:00 am

Secretary of State

CR2E034 (10/02)