2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) F02000001946 **DOCUMENT #** 1. Entity Name ON-LINE BROKERAGE, INC.

FILED

Tay 12, 2003 8:00 am Secretary of State	3
05-12-2003 90192 025 ***550.00	2

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Principal Place	of Business	Mailing Address				
	NAL PARKWAY, SUITE 180	485 MADISON AVE., 14TI	H FI	'		
HEATHROW FL 32746		NEW YORK NY 10022				
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Suite, Apt. #, etc. Suite, Apt. #, etc.				ㅓ ' <u></u>		
				☐ CHECK HERE IF MAI	KING CHANGES	
City & State City & State			4. FEI Number	Applied For		
J., J. J.		July & Julio		13-3743181	Not Applicable	
Zip	Country	Zip	Country	<u> </u>	\$8.75 Additional	
2.15	333,11,1	2.5	J J J J J J J J J J J J J J J J J J J	5. Certificate of Status Desired	Fee Required	
6. Name and Address of Current Registered Agent			<u> </u>	7 Name and Address of New Registe		
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent		
			Harris	· ·	1	
CORPORATI	ON SERVICE COMPANY		Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
1201 HAYS	ST.					
	EE FL 32301				ļ	
1712241100	EE 1 E 02007		City		⊏ ∎ Zip Code	
			City		FL Zip Code	
8. The above na	amed entity submits this statement	for the purpose of changing its	s registered office or regis	stered agent, or both, in the State of Florida.	am familiar with, and accept	
	ns of registered agent.		· ·			
SIGNATURE	ignature, typed or printed name of registered agei	ot and title if poplicable (NO)	TE: Registered Agent signature requ	illand whom rejectating)	ATE	
	ghatore, typed or printed frame or registered age	TRAIN THE HAPPIICADIE: (NO	TE, Registered Agent signature redu	and when tentaling)		
FIL	E NOW!!! FEE IS \$150.00	'		9. Election Campaign Financing	# # OO	
After N	day 1, 2003 Fee will be \$550.00)		Trust Fund Contribution.	\$5.00 May Be Added to Fees	
Make Check B	Payable to Florida Department	nd Canta		it dist i di di Contribution.		
Make Officer	ayable to Florida Departitionit	or State				
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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 address, with all other like empowered.

SIGNATURE: