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

May 05, 2003 8:00 am Secretary of State F93000003522 DOCUMENT # 1. Entity Name 05-05-2003 90350 009 ***150.00 BENEDADE, INC. Principal Place of Business Mailing Address 7281 S.W. 88TH STREET 3236 PROSPECT ST NE 11036742 MIAMI FL 33156 WASHINGTON DC 20007 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 65-0425649 Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 526 E. PARK AVE TALLAHASSEE FL 32301 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. 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 ☐ Delete TITLE Change ☐ Addition KARABASSIS, IRAKLIS NAME NAME STREET ADDRESS 3236 PROSPECT ST. N.W. STREET ADDRESS WASHINGTON DC 20007 CITY-ST-ZIP-CITY-ST-ZIP TITLE & ☐ Delete TITLE ☐ Change ☐ Addition KARABASSIS, CHRISTOS NAME NAME STREET ADDRESS 3236 PROSPECT ST. N.W. STREET ADDRESS CITY-ST-ZIP **WASHINGTON DC 20007** CITY-ST-ZIP TITLE ☐ Delete TIT! F ☐ Change Addition KARABASSIS, YASMINE NAME -NAME STREET ADDRESS 3236 PROSPECT ST. N.W. STREET ADDRESS CITY-ST-ZIP WASHINGTON DC-20007 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change TITLE □ Delete ☐ Addition MAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition. NAME NAME

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 attachmen

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED