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

May 20, 2002 8:00 am Secretary of State DOCUMENT # # 33270 05-20-2002 90237 001 ****61.25 COMMERCIAL OFFICE FURNITURE OF SOUTH FLORIDA, INC. 05-20-2002 90237 002 ***150.00 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 4231 N. DIXIE HWY SAME Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 3334 City & State OAKLAND 4. FEI Number Applied For PARK 59-2507217 Not Applicable Country BROWARD Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent GLIO ROSE DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE Zip Code 3 4 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible . ACCELO FRONTATION Company Le Company \$5.00 May Be Election Campaign Financing Tax filling requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) 11. OFFICERS AND DIRECTORS CR2E034B (12/01 GIGLO, Kose NAME STREET ADDRESS AUDERDALE, FL 33309 CHTY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP TITLE NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITLE NALAF STREET ADDRESS CITY-ST-ZIP TITLE NAME: NAME STREET ADDRESS CITY ST ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS: STREET ADDRESS

13. 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 suppliemental report is true and accurate and that rify 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

City-St-ZIP

FILED