1/10/0 FILED 2001 UNIFORM BUSINESS REPORT Mar 30, 2001 8:00 am DOCUMENT # J00165 **Secretary of State** 1. Entity Name ANACAPRI REALTY, INC. 01-10-2001 90069 030 ***150.00 Principal Place of Business Mailing Address 2574 JARDIN COURT 2574 JARDIN COURT FT. LAUDERDALE FL 33327 FT. LAUDERDALE FL 33327 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE **=**::: Applied For City & State City & State 4. FEI Number 59-2647393 =:: Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOETZ, ERIC MARTIN Street Address (P.O. Box Number is Not Acceptable) ==:= 2574 JAROIN COURT FT. LAURDEROALE FL 33327 =:= Zip Code -8. The above named entity submits to is statement for the purpose of registered office or registered agent, or both, in the State of Florid UU =::: SIGNATURE FILE NOWN FEE IS \$150.00 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. \$5.00 May Be 10. Election Campaign Financing ----After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State **=**it ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS **事**治 Delete Change TITLE TILE =:- -GOETZ, ERIC MARTIN NAME NAME STREET ADORESS STREET ADORESS CR2E034 2574 JARDIN COURT CITY-ST-ZIP FT. LAUDERDALE FL CITY-ST-ZIP Change Addition TITLE Delete TITLE $\equiv i \epsilon$ NAME NAME =:: STREET ADDRESS STREET ADDRESS =::= CITY-ST-ZIP CiTY-ST-ZIP Addition TITLE ☐ Defete TITLE ☐ Change ≝.:= NAME NAME 曹⋅≕ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **=:**:::: TITLE ☐ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **≕:**::: Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **=** i: TITLE ☐ Delete TITLE ☐ Change ☐ Addition = 45 NAME NAME =::. =::: STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119,07(3)(i), Florida Statutés, 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 697, Florida Statutés; and that my name appears in Block 11 or Block 12 if **5**: =:=. $\equiv 0.0000$ SIGNATURE: _---

SKINATURE AND TYPED OR PRINTED NAME OF SIGNAND OFFICER OR DIRECTOR